| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| DISTRICT OF OREGON                              | -                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                                  | Identify Yourself   |   |   |
|-----|--|---|---|---|
|     |  |   | About Debtor 1:                               | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                                    | r full name   |   |   |
|     | your<br>pictu<br>exar<br>licer<br>Brin | e the name that is on<br>government-issued<br>ire identification (for<br>nple, your driver's<br>ise or passport). | Patrick First name  Alan Middle name  Tinnell | First name  Middle name                       |
|     |  | identification to your meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III)      | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |  | other names you have<br>d in the last 8 years   |   |   |
|     |  | ide your married or<br>den names.   |   |   |
| 3.  | you<br>num<br>Indi                     | the last 4 digits of<br>r Social Security<br>sber or federal<br>vidual Taxpayer<br>tification number              | xxx-xx-3479                                   |   |

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  |  |  |  |
| Ü  | EINs  | EINs  |  |  |  |
| Where you live   | 811 NE Apache Ct.   | If Debtor 2 lives at a different address:   |  |  |  |
|  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|  |   | County  |  |  |  |
|  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  EINS  Where you live  811 NE Apache Ct. Redmond, OR 97756 Number, Street, City, State & ZIP Code  Deschutes County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Why you are choosing this district to file for bankruptcy  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. |  |  |  |

| Debtor 1 Patrick Alan Tinnell |   |   |                   | Case number (if known)  |                 |                     |  |                        |
|-------------------------------|---|---|-------------------|-------------------------|-----------------|---------------------|--|------------------------|
|                               |   |   |                   |                         |                 |                     |  |                        |
| Par                           | t 2: Tell the Court About   | our Bankruptcy  | Case              |                         |                 |                     |  |                        |
| 7.                            | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                   |                         |                 |                     |  |                        |
|                               | choosing to file under  | Chapter 7   |                   |                         |                 |                     |  |                        |
|                               |   | ☐ Chapter 11  |                   |                         |                 |                     |  |                        |
|                               |   | ☐ Chapter 12  |                   |                         |                 |                     |  |                        |
|                               |   | ☐ Chapter 13  |                   |                         |                 |                     |  |                        |
|                               |   |   |                   |                         |                 |                     |  |                        |
| 8.                            | How you will pay the fee  | about how order. If yo  | you may pay. Typ  | pically, if you are     | paying the fee  | e yourself, you ma  | k's office in your local c<br>ay pay with cash, cashie<br>ney may pay with a cred    | er's check, or money   |
|                               |   | ☐ I need to p   | ay the fee in ins | stallments. If you      |                 | pption, sign and a  | ttach the Application for  | Individuals to Pay     |
|                               |   | ☐ I request t   | hat my fee be wa  | <b>aived</b> (You may r | equest this op  |                     | re filing for Chapter 7. B   |                        |
|                               |   | applies to  | our family size a | nd you are unable       | e to pay the fe | ee in installments) | ess than 150% of the of<br>). If you choose this opti<br>B) and file it with your pe | on, you must fill out  |
| 9.                            | Have you filed for  | ■ No.   |                   |                         |                 |                     |  |                        |
|                               | bankruptcy within the last 8 years?   | ☐ Yes.  |                   |                         |                 |                     |  |                        |
|                               |   | Distri  | ct                | \                       | When            |                     | Case number  |                        |
|                               |   | Distri  | ot                | \                       | When            |                     | Case number  |                        |
|                               |   | Distri  | ct                | \                       | When            |                     | Case number  |                        |
| 10.                           | Are any bankruptcy  | ■ No  |                   |                         |                 |                     |  |                        |
|                               | cases pending or being filed by a spouse who is                                       | ☐ Yes.  |                   |                         |                 |                     |  |                        |
|                               | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |   |                   |                         |                 |                     |  |                        |
|                               |   | Debto   | or                |                         |                 | 1                   | Relationship to you  |                        |
|                               |   | Distri  | ct                | \                       | When            |                     | Case number, if known  |                        |
|                               |   | Debto   | or                |                         |                 | !                   | Relationship to you  |                        |
|                               |   | Distri  | ot                | \                       | When            | (                   | Case number, if known  |                        |
| 11.                           | Do you rent your  | ■ No. Go t  | o line 12.        |                         |                 |                     |  |                        |
|                               | residence?  |   | vour landlord obt | ained an eviction       | iudament aga    | ainst vou?          |  |                        |
|                               |   | Tes. Tide   | No. Go to line    |                         | , -gage         | ·· , ·              |  |                        |
|                               |   |   |                   |                         | bout an Evicti  | ion Judament Aas    | ainst You (Form 101A) a  | and file it as part of |
|                               |   |   | this bankrupto    |                         |                 |                     |  | do part or             |
|                               |   |   |                   |                         |                 |                     |  |                        |
|                               |   |   |                   |                         |                 |                     |  |                        |

| Deb | Pebtor 1 Patrick Alan Tinnell   |           |  | Case number (if known)   |  |  |
|-----|---|-----------|--|--|--|--|
|     |   |           |  |  |  |  |
| Par | t 3: Report About Any Bu  | ısinesses | You Own as a Sole  | Proprietor   |  |  |
|     |   |           |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.     | Go to Part 4.  |  |  |  |
|     |   | ☐ Yes.    | Name and locati  | ion of business  |  |  |
|     | A sole proprietorship is a  |           |  |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |           | Name of busines  | ss, if any   |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |           | Number, Street,  | City, State & ZIP Code   |  |  |
|     | it to this petition.  |           | Check the appro  | ppriate box to describe your business:   |  |  |
|     | ·   |           | ☐ Health C   | are Business (as defined in 11 U.S.C. § 101(27A))  |  |  |
|     |   |           | ☐ Single A   | sset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |
|     |   |           | ☐ Stockbro   | oker (as defined in 11 U.S.C. § 101(53A))  |  |  |
|     |   |           | ☐ Commod   | dity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |
|     |   |           | ☐ None of  | the above  |  |  |
| 13. | Chapter 11 of the deadlines. If you indic   |           |  | er 11, the court must know whether you are a small business debtor so that it can set appropriate t you are a small business debtor, you must attach your most recent balance sheet, statement of ent, and federal income tax return or if any of these documents do not exist, follow the procedure |  |  |
|     | For a definition of small   | ■ No.     | I am not filing under Chapter 11.  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
|     |   | ☐ Yes.    | Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                        |  |  |  |
| Par | t 4: Report if You Own or   | Have Any  | , Hazardous Prope  | rty or Any Property That Needs Immediate Attention   |  |  |
|     | Do you own or have any  | ■ No.     |  |  |  |  |
|     | property that poses or is   | _         |  |  |  |  |
|     | alleged to pose a threat of imminent and  | ☐ Yes.    | What is the hazard   | ?  |  |  |
|     | identifiable hazard to  |           |  |  |  |  |
|     | public health or safety?<br>Or do you own any   |           |  |  |  |  |
|     | property that needs immediate attention?  |           | If immediate attent<br>needed, why is it n   |  |  |  |
|     | For example, do you own   |           |  |  |  |  |
|     | perishable goods, or<br>livestock that must be fed,<br>or a building that needs<br>urgent repairs?                                |           | Where is the prope   | erty?  |  |  |
|     | argent repairs:   |           |  | Number, Street, City, State & Zip Code   |  |  |
|     |   |           |  |  |  |  |
|     |   |           |  |  |  |  |
|     |   |           |  |  |  |  |
|     |   |           |  |  |  |  |

#### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Patrick Alan Tinne   | ell   |   | Case number  | (if known)  |  |  |  |
|-----|---|---|---|--|---|--|--|--|
| Par | t 6: Answer These Questi  | ons for R   | eporting Purposes   |  |   |  |  |  |
| 16. | What kind of debts do you have?   | 16a.  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."                |  |   |  |  |  |
|     |   |   | ☐ No. Go to line 16b.   |  |   |  |  |  |
|     |   |   | Yes. Go to line 17.   |  |   |  |  |  |
|     |   | 16b.  |   | usiness debts? Business debts are debts to street or through the operation of the business.  |   |  |  |  |
|     |   |   | ☐ No. Go to line 16c.   |  |   |  |  |  |
|     |   |   | ☐ Yes. Go to line 17.   |  |   |  |  |  |
|     |   | 16c.  | State the type of debts you o   | we that are not consumer debts or business   | s debts   |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | □ No.   | I am not filing under Chapter   | 7. Go to line 18.  |   |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          | ■ Yes.  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |  |   |  |  |  |
|     | administrative expenses   |   | ■ No  |  |   |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |   | ☐ Yes   |  |   |  |  |  |
| 18. | How many Creditors do   | <b>1</b> -49  |   | □ 1,000-5,000  | □ 25,001-50,000   |  |  |  |
|     | you estimate that you owe?  | □ 50-99   |   | 5001-10,000  | <b>5</b> 0,001-100,000  |  |  |  |
|     | □ 100-1<br>□ 200-9  |   |   | ☐ 10,001-25,000  | ☐ More than100,000  |  |  |  |
| 19. |   |   | 50,000  | ■ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|     | be worth?   |   | 01 - \$100,000<br>001 - \$500,000   | □ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                 |  |  |  |
|     |   |   | 001 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                            | ☐ More than \$50 billion  |  |  |  |
| 20. | How much do you   | □ \$0 - \$  | 50,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|     | estimate your liabilities to be?  | □ \$50,001 - \$100,000  |   | ☐ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|     |   | _ ` `   | 001 - \$500,000<br>001 - \$1 million  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                            | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                             |  |  |  |
| Par | t 7: Sign Below   |   |   |  |   |  |  |  |
| For | you   | I have ex   | amined this petition, and I dec   | slare under penalty of perjury that the inform   | nation provided is true and correct.  |  |  |  |
|     |   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |   |  |  |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |  |   |  |  |  |
|     |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |  |   |  |  |  |
|     |   | bankrupt<br>and 3571  | cy case can result in fines up t  | concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 years. | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |   | Patrick   | ck Alan Tinnell Alan Tinnell e of Debtor 1  | Signature of Debtor  | 2   |  |  |  |
|     |   | Executed  | on July 18, 2019  | Executed on  |   |  |  |  |
|     |   |   | MM / DD / YYYY  | MM   | / DD / YYYY   |  |  |  |
|     |   |   |   |  |   |  |  |  |

| Debtor 1 Patrick Alan Tinn  | ell  | Ca                        | Case number (if known)  |  |  |
|---|--|---------------------------|---|--|--|
|   |  |                           |   |  |  |
| For your attorney, if you are represented by one                              | under Chapter 7, 11, 12, or 13 of title 11, United S   | tates Code, and have      | e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |  |  |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect. | rtify that I have no know | wledge after an inquiry that the information in the   |  |  |
| . 0   | /s/ Michael D. O'Brien   | Date                      | July 18, 2019   |  |  |
|   | Signature of Attorney for Debtor   |                           | MM / DD / YYYY  |  |  |
|   | Michael D. O'Brien   |                           |   |  |  |
|   | Printed name   |                           |   |  |  |
|   | Michael D. O'Brien & Associates, P.C.  |                           |   |  |  |
|   | Firm name  |                           |   |  |  |
|   | 12909 SW 68th Parkway, Suite 160   |                           |   |  |  |

Portland, OR 97223

Number, Street, City, State & ZIP Code

Contact phone 503-786-3800 Email address enc@pdxlegal.com

951056 OR

Bar number & State

# **United States Bankruptcy Court**District of Oregon

| In re | Patrick Alan Tinnell   | 8  | Case No.                             |                                      |
|-------|--|--|--------------------------------------|--------------------------------------|
|       |  | Debtor(s)  | Chapter                              | 7                                    |
|       | DISCLOSURE OF COMPE  | NSATION OF ATTORN  | NEY FOR DI                           | EBTOR(S)                             |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy, or   | agreed to be paid                    | to me, for services rendered or to   |
|       | For legal services, I have agreed to accept  |  | \$                                   | 1,600.00                             |
|       | Prior to the filing of this statement I have received  |  |                                      | 1,600.00                             |
|       | Balance Due  |  |                                      | 0.00                                 |
| 2.    | The source of the compensation paid to me was:   |  |                                      |                                      |
|       | ■ Debtor □ Other (specify):  |  |                                      |                                      |
| 3.    | The source of compensation to be paid to me is:  |  |                                      |                                      |
|       | ■ Debtor □ Other (specify):  |  |                                      |                                      |
| 4.    | ■ I have not agreed to share the above-disclosed comp  | pensation with any other person un   | less they are mem                    | abers and associates of my law firm. |
|       | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na   |  |                                      |                                      |
| 5.    | In return for the above-disclosed fee, I have agreed to re   | ender legal service for all aspects of   | f the bankruptcy                     | case, including:                     |
|       | a. Analysis of the debtor's financial situation, and rend<br>b. Preparation and filing of any petition, schedules, star<br>c. Representation of the debtor at the meeting of credit<br>d. [Other provisions as needed]  Negotiations with secured creditors to<br>reaffirmation agreements and application | tement of affairs and plan which more and confirmation hearing, and are reduce to market value; exem | ay be required;<br>any adjourned hea | arings thereof;                      |
| 6.    | By agreement with the debtor(s), the above-disclosed fe<br>Preparation and filing of motions pursu<br>Representation of the debtors in any dis<br>any other adversary proceeding.  | ant to 11 USC 522(f)(2)(A) for   | avoidance of li                      |                                      |
|       |  | CERTIFICATION  |                                      |                                      |
|       | I certify that the foregoing is a complete statement of an ankruptcy proceeding.   | y agreement or arrangement for pa  | yment to me for i                    | representation of the debtor(s) in   |
| J     | uly 18, 2019   | /s/ Michael D. O'Brid  | en                                   |                                      |
| L     | ate  | Michael D. O'Brien Signature of Attorney   |                                      |                                      |
|       |  | Michael D. O'Brien   | & Associates, I                      | P.C.                                 |
|       |  | 12909 SW 68th Parl   |                                      |                                      |
|       |  | Portland, OR 97223<br>503-786-3800 Fax:  |                                      |                                      |
|       |  | enc@pdxlegal.com   |                                      |                                      |
|       |  | Name of law firm   |                                      |                                      |
|       |  |  |                                      |                                      |

# UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

|  | DISTRIC                | I OF OREGON                              |  |
|--|------------------------|--|--|
| In re Patrick Alan Tinnell   | ) Ca                   | ise No.                                  | (If Known)   |
| Faulck Alan Tillinen   | ,                      | HAPTER 7 INDIVIDU                        |  |
| Debtor(s)  |                        | CATEMENT OF INTE<br>ER 11 U.S.C. §521(a) | :NTION(S)  |
| .,   | ,                      | 21 21 2121 32 22 (1)                     |  |
| IMPORTANT NOTICES TO DEBTOR(S):  1. Complete, sign and file this form even if you have no creditors are listed, make sure the certificate of service |                        | y property of the esta                   | te or personal property subject to unexpired leases. If  |
| 2. Failure to perform the intentions as to property state  | d below within 3       | 30 days after the first of               | late set for the Meeting of Creditors  |
| under 11 USC §341(a) may result in relief for the credit   | tor from the Aut       | omatic Stay protecting                   | g such property.   |
| <b>PART A -</b> Debts secured by property of the estate. (Padditional pages is necessary.)   | art A must be ful      | lly completed for <b>each</b>            | a debt which is secured by property of the estate. Attach  |
| ☐ IF NONE - Check this box.  |                        |  |  |
| Property No. 1   |                        |  |  |
| Creditor's Name:<br>Mr. Cooper   |                        | 811 NE Ap<br>County<br>Value base        | roperty Securing Debt: pache Court Redmond, OR 97756 Deschutes ed off of Redfin/Zillow for average, and reduced ed maintenace. |
| Property will be (check one): ☐ SURRENDERED  | ■ RETAINED             | )  |  |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt   |                        |  |  |
| Other. Explain (for example, avoid lien using 11)  | JSC §522(f)_ <b>Re</b> | tain and Pay Purs                        | uant to Contract   |
| Property is (check one): CLAIMED AS EXEMPT   | Γ □ NOT CL             | AIMED AS EXEMP                           | Γ  |
| ☐ IF NONE - Check this box.  |                        |  |  |
| Property No. 2   |                        |  |  |
| Creditor's Name:<br>OHSI   |                        | 811 NE Ap<br>County<br>Value base        | roperty Securing Debt: pache Court Redmond, OR 97756 Deschutes ed off of Redfin/Zillow for average, and reduced ed maintenace. |
| Property will be (check one): ☐ SURRENDERED  | ■ RETAINED             | <u>'</u>                                 |  |
| If retaining the property, I intend to (check at least one ☐ Redeem the property ☐ Reaffirm the debt   |                        |  |  |
| Other. Explain (for example, avoid lien using 11   | JSC §522(f) <b>Re</b>  | etain and Pay Purs                       | uant to Contract   |
| Property is (check one): CLAIMED AS EXEMPT   | Γ □ NOT CL             | LAIMED AS EXEMP                          | Γ  |
| ☐ IE NONE Cheek this ber   |                        |  |  |
| ☐ IF NONE - Check this box.  |                        |  |  |

521.05 (12/1/16) **Page 1** 

| Property No. 3  |                           |  |  |                       |  |
|---|---------------------------|--|--|-----------------------|--|
| Creditor's Name:<br>Oregon State Credit Un  |                           | Describe Property Securing Debt: 2014 Toyota Tacoma 86,000 miles Value based off of kbb.com private party value. |  |                       |  |
| Property will be (check one): ■ SURRENDERED   | ☐ RETAINED                |  |  |                       |  |
| If retaining the property, I intend to (check at least of Redeem the property  ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11 |                           |  |  |                       |  |
| Property is (check one): CLAIMED AS EXEMI   | PT    NOT CLAIM           | ED AS EXEMPT   |  |                       |  |
| PART B - Personal property subject to unexpired leadages if necessary.)  IF NONE - Check this box.  | ses. (All three columns   | of Part B must be completed  | for each unexpired lea                 | se. Attach additional |  |
| Property No. 1 Lessor's Name:   | Describe Leased Day       |  | T: 11 L                                | -1 11 LICC            |  |
| Lessor's Name:  | Describe Leased Property: |  | §365(p)(2) ☐ YES                       | ed pursuant to 11 USC |  |
| Continuation sheets attached (if any).  |                           |  |  | <b>—</b> 110          |  |
| I DECLARE UNDER PENALTY OF PERJURY THAT TO INDICATES INTENTION AS TO ANY PROPERTY OF SECURING A DEBT AND/OR PERSONAL PROPERTY AN UNEXPIRED LEASE.     | OF MY ESTATE              | I/WE, THE UNDERSIGNED DOCUMENT AND LOCAL CREDITOR NAMED ABOVE  | FORM #715 WERE SE                      |                       |  |
| DATE: July 18, 2019   |                           | DATE: <b>July 18, 2019</b>   |  |                       |  |
| /s/ Patrick Alan Tinnell  |                           | /s/ Michael D. O'Brien   |  | 951056 OR             |  |
| DEBTOR'S SIGNATURE  |                           | DEBTOR OR ATTORNEY'S   | SIGNATURE                              | OSB# (if attorney)    |  |
| JOINT DEBTOR'S SIGNATURE (If applicable)  |                           | JOINT DEBTOR'S SIGNATUM Michael D. O'Brien 5 PRINT OR TYPE SIGNER'S 12909 SW 68th Parkwa Portland, OR 97223      | <b>03-786-3800</b><br>NAME & PHONE NO. | o attorney)           |  |
|   |                           | SIGNER'S ADDRESS (if atto  | orney)                                 |                       |  |
|   |                           |  |  |                       |  |

## NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see <u>Local Form #715</u> [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

## **QUESTIONS????**

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

| EIII    | in thi              | is informa        | ation to identify your                         | case:  |  |                     |             |                           |
|---------|---------------------|-------------------|--|--|--|---------------------|-------------|---------------------------|
|         | otor 1              | is illioilli      | Patrick Alan Tinn                              |  |  |                     |             |                           |
|         |                     |                   | First Name                                     | Middle Name  | Last Name  |                     |             |                           |
|         | otor 2<br>use if, f | iling)            | First Name                                     | Middle Name  | Last Name  |                     |             |                           |
| Unit    | ed St               | tates Bank        | cruptcy Court for the:                         | DISTRICT OF OREGO  | N  |                     |             |                           |
| Cas     | e nur               | mber              |  |  |  |                     |             |                           |
| (if kno |                     |                   |  |  |  |                     | _           | k if this is an           |
|         |                     |                   |  |  |  |                     | amer        | nded filing               |
| Off     | ficia               | al For            | m 106Sum                                       |  |  |                     |             |                           |
|         |                     |                   |  | and Liabilities ar                                       | nd Certain Statistical In  | formation           |             | 12/15                     |
| infor   | mati                | on. Fill οι       | ıt all of your schedul                         | es first; then complete th                               | e are filing together, both are equal<br>ne information on this form. If you a<br>k the box at the top of this page. |                     |             |                           |
| Part    | t 1:                | Summa             | rize Your Assets                               |  |  |                     |             |                           |
|         |                     |                   |  |  |  |                     |             | assets<br>of what you own |
| 1.      | Sch                 | edule A/E         | 3: Property (Official F                        | orm 106A/B)  |  |                     | \$          | 350,000.00                |
|         |                     |                   |  |  |  |                     | · —         | ·                         |
|         |                     |                   |  | •  |  |                     | \$          | 678,989.00                |
|         | 1c. (               | Copy line         | 63, Total of all propert                       | y on Schedule A/B  |  |                     | \$          | 1,028,989.00              |
| Part    | t 2:                | Summa             | rize Your Liabilities                          |  |  |                     |             |                           |
|         |                     |                   |  |  |  |                     |             | iabilities<br>nt you owe  |
| 2.      |                     |                   |  | laims Secured by Property<br>mn A, Amount of claim, at   | (Official Form 106D) the bottom of the last page of Part 1   | of Schedule D       | \$          | 343,805.00                |
| 3.      |                     |                   |  | Unsecured Claims (Officia<br>1 (priority unsecured claim | al Form 106E/F)<br>ns) from line 6e of <i>Schedule E/F</i>   |                     | \$          | 0.00                      |
|         | 3b.                 | Copy the          | total claims from Part                         | 2 (nonpriority unsecured o                               | claims) from line 6j of Schedule E/F   |                     | \$          | 171,013.71                |
|         |                     |                   |  |  | You  | r total liabilities | \$          | 514,818.71                |
| Part    | t 3:                | Summa             | rize Your Income and                           | Expenses   |  |                     |             |                           |
| 4.      |                     |                   | our Income (Official Fo                        |  | ə I  |                     | \$          | 2,496.00                  |
| 5.      |                     |                   | our Expenses (Officia onthly expenses from li  |  |  |                     | \$          | 4,354.00                  |
| Part    | t 4:                | Answer            | These Questions for                            | Administrative and Stat                                  | istical Records  |                     |             |                           |
| 6.      | Are<br>□            | -                 |  | er Chapters 7, 11, or 13?<br>on this part of the form. C | heck this box and submit this form to  | the court with you  | ur other so | hedules.                  |
| 7.      | ■<br>Wha            | Yes<br>at kind of | debt do you have?                              |  |  |                     |             |                           |
|         |                     |                   |  |  | debts are those "incurred by an indivi   |                     | a persona   | l, family, or             |
|         |                     |                   | bts are not primarily<br>with your other sched |  | ve nothing to report on this part of the   | e form. Check this  | s box and s | submit this form to       |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,080.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim     |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 83,552.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 83,552.00 |

| Debtor 1                      | Patrick Alan   | Tinnell               |                |  |   |   |   |
|-------------------------------|--|-----------------------|----------------|--|---|---|---|
|                               | First Name   |                       | e Name         | Last Name  |   |   |   |
| ebtor 2<br>spouse, if filing) | First Name   | Middle                | e Name         | Last Name  |   |   |   |
|                               | Bankruptcy Court for                                   | the: DISTRICT         | OF ORF         | -GON   |   |   |   |
| Tilled Clates                 | Dankraptoy Court for                                   |                       | 01 0112        |  |   |   |   |
| ase number                    |  |                       |                |  |   | ſ   | Check if this is a<br>amended filing  |
| \K;=;=  [                     | 'a waa 1001/D  |                       |                |  |   |   |   |
|                               | orm 106A/B<br>I <b>le A/B: Pr</b>                      | •                     |                |  |   |   | 40/45   |
|                               |  |                       |                | only once. If an asset fits in more than or  | P. C. C.  |   | 12/15   |
| □ No. Go to F                 |  | uitable interest in a | any reside     | ence, building, land, or similar property?   |   |   |   |
|                               |  |                       |                |  |   |   |   |
|                               |  |                       |                |  |   |   |   |
|                               |  |                       | What           | is the property? Check all that apply  |   |   |   |
| 811 NE                        | Apache Court   | ariation.             | What           | is the property? Check all that apply Single-family home   |   |   | ms or exemptions. Put   |
| 811 NE                        | <b>Apache Court</b><br>ss, if available, or other desc | cription              | What<br>■<br>□ |  | the amount of a   | ny secured                                    | ms or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property.</i>  |
| 811 NE                        | <u> </u>   | eription              | ■              | Single-family home  Duplex or multi-unit building  | the amount of a Creditors Who I   | ny secured<br>Have Claims                     | claims on Schedule D:<br>s Secured by Property.   |
| 811 NE                        | ss, if available, or other desc                        | 97756-0000            | -<br>-         | Single-family home Duplex or multi-unit building Condominium or cooperative  | the amount of a Creditors Who h   | ny secured<br>Have Claims<br>of the<br>?      | claims on Schedule D:<br>s Secured by Property.  Current value of the<br>portion you own?   |
| 811 NE Street addre           | ss, if available, or other desc                        | _                     |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property  | the amount of a Creditors Who F   | ny secured<br>Have Claims<br>of the<br>?      | claims on Schedule D:<br>s Secured by Property.  Current value of the<br>portion you own?   |
| 811 NE Street addre           | nd OR  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land  | the amount of a Creditors Who he Current value of entire property \$350,0   | ny secured Have Claims of the ? 00.00         | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest                          |
| 811 NE Street addre           | nd OR  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one   | Current value centire property \$350,0  Describe the na (such as fee sin a life estate), if   | of the ? 00.00 ature of yo                    | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest                          |
| 811 NE Street addre           | nd OR State  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only   | the amount of a Creditors Who F  Current value centire property \$350,0  Describe the na (such as fee sin   | of the ? 00.00 ature of yo                    | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest                          |
| 811 NE Street addre           | nd OR State  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only   | Current value centire property \$350,0  Describe the na (such as fee sin a life estate), if   | of the ? 00.00 ature of yomple, tenarknown.   | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest ncy by the entireties, o |
| Redmor City  Deschu           | nd OR State  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only   | Current value centire property \$350,0  Describe the na (such as fee sin a life estate), if   | of the ? 00.00 ature of youngle, tenanknown.  | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest                          |
| Redmor City  Deschu           | nd OR State  | 97756-0000            |                | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite   | Current value of entire property \$350,0  Describe the na (such as fee sin a life estate), if Fee simple  | of the ? 00.00 ature of youngle, tenanknown.  | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest ncy by the entireties, o |
| Redmor City  Deschu           | nd OR State  | 97756-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iterty identification number:                                     | the amount of a Creditors Who he Current value of entire property \$350,0  Describe the na (such as fee sin a life estate), if Fee simple  Check if the (see instruction, such as local | of the ? 00.00 ature of yo mple, tenal known. | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest ncy by the entireties, o |
| Redmor City  Deschu           | nd OR State  | 97756-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this ite   | the amount of a Creditors Who he Current value of entire property \$350,0  Describe the na (such as fee sin a life estate), if Fee simple  Check if the (see instruction, such as local | of the ? 00.00 ature of yo mple, tenal known. | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest ncy by the entireties, o |
| Redmor City  Deschu           | nd OR State  | 97756-0000            | Who I          | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iterty identification number: le based off of Redfin/Zillow for a | the amount of a Creditors Who he Current value of entire property \$350,0  Describe the na (such as fee sin a life estate), if Fee simple  Check if the (see instruction, such as local | of the ? 00.00 ature of yo mple, tenal known. | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$350,000.0  ur ownership interest ncy by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debte         | or 1 <b>P</b> | atrick Alan Tinnell                                     | C   | ase number (if known)                  |  |
|---------------|---------------|---|---|--|--|
| ≀ Ca          | re vane       | trucks, tractors, sport utility ve                      | hicles motorcycles  |  |  |
| ). <b>C</b> a | ıs, vans,     | trucks, tractors, sport utility ve                      | micles, motorcycles                                       |  |  |
|               | No            |   |   |  |  |
| •             | Yes           |   |   |  |  |
|               | 163           |   |   |  |  |
|               |               | Tarreta   |   | Do not deduct seco                     | ured claims or exemptions. Put                               |
| 3.1           | Make:         | Toyota  | Who has an interest in the property? Check one            | the amount of any                      | secured claims on Schedule D:                                |
|               | Model:        | Tacoma  | Debtor 1 only   | Creditors Who Have                     | ve Claims Secured by Property.                               |
|               | Year:         | 2014  | Debtor 2 only   | Current value of t                     | the Current value of the                                     |
|               | Approxin      | nate mileage: 86,000                                    | Debtor 1 and Debtor 2 only                                | entire property?                       | portion you own?   |
|               | Other inf     | ormation:   | ☐ At least one of the debtors and another                 |  |  |
|               | Value I       | pased off of kbb.com                                    |   | ***                                    |  |
|               | private       | party value.  | ☐ Check if this is community property                     | <u></u> \$12,650                       | .00 \$12,650.00  |
|               |               |   | (see instructions)  |  |  |
|               |               |   |   |  |  |
| 3.2           | Make:         | Jeep  | Who has an interest in the property? Check one            |  | ured claims or exemptions. Put                               |
|               | Model:        | Wrangler  | Debtor 1 only   |  | secured claims on Schedule D: ve Claims Secured by Property. |
|               | Year:         | 2005  | Debtor 2 only   |  |  |
|               |               | nate mileage: 130,000                                   | Debtor 1 and Debtor 2 only                                | Current value of t<br>entire property? | the Current value of the portion you own?                    |
|               |               |   |   | entire property:                       | portion you own:   |
|               |               | ormation:   | At least one of the debtors and another                   |  |  |
|               |               | pased off of kbb.com                                    |   | \$7,910                                | .00 \$3,955.00   |
|               |               | party value, Debtor's                                   | LI Check if this is community property (see instructions) | Ψ1,310                                 | 93,933.00  |
|               |               | ill be taking the car once e is final, but debtor still | (See Instructions)  |  |  |
|               |               | istration.  |   |  |  |
|               | onicg         | Stration:   |   |  |  |
| 5 <b>A</b> o  | Yes           |   | n for all of your entries from Part 2, including a        |  | \$16,605.00  |
| .pa           | ages you      | have attached for Part 2. Write                         | that number here  | =>                                     | 410,003.00   |
|               |               |   |   |  |  |
| Part 3        | Descri        | be Your Personal and Household Ite                      | ems   |  |  |
| Do y          | ou own c      | or have any legal or equitable in                       | terest in any of the following items?                     |  | Current value of the portion you own?                        |
|               |               |   |   |  | Do not deduct secured  |
|               |               |   |   |  | claims or exemptions.  |
|               |               | goods and furnishings                                   | ahina liitahaannan  |  |  |
|               | No No         | Major appliances, furniture, linens                     | , ciiiia, kilcileiiwale                                   |  |  |
|               |               |   |   |  |  |
|               | Yes. De       | scribe  |   |  |  |
|               |               | Miss bausshal   | d   | 20.00                                  | \$2,000.00   |
|               |               | Misc. nousenoi  | d goods with no item worth more than \$20                 | 00.00                                  | \$3,000.00   |
|               |               |   |   |  |  |
| . Ele         | ectronics     |   |   |  |  |
|               |               |   | eo, stereo, and digital equipment; computers, printe      | ers, scanners; music c                 | ollections; electronic devices                               |
|               |               | including cell phones, cameras, m                       | nedia players, games                                      |  |  |
|               | No            |   |   |  |  |
|               | Yes. De       | scribe  |   |  |  |
|               |               |   |   |  |  |
|               |               | Misc. electronic  | s   |  | \$750.00   |

| D  | Petrick Alan  | Tinnell Case number (if   | known)   |
|----|---|---|--|
| 8. |   | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamons, memorabilia, collectibles | p, coin, or baseball card collections;   |
|    | Yes. Describe   |   |  |
| 9. | musical instr   | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; c                                 | anoes and kayaks; carpentry tools;   |
|    | Yes. Describe   |   |  |
|    |   | Sole F85 Treadmill and weights  | \$900.00   |
| 10 | <ul><li>Firearms</li></ul>  | s, shotguns, ammunition, and related equipment  |  |
|    |   | Sig Sauer 9mm Pistol  | \$500.00   |
| _  |   | 0.9 0.0.0.  |  |
| 11 | . Clothes  Examples: Everyday cl  No  Yes. Describe               | othes, furs, leather coats, designer wear, shoes, accessories   |  |
|    |   | Misc. Clothing  | \$300.00   |
|    | Examples: Everyday je □ No ■ Yes. Describe                        | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, q                                     | gems, gold, silver   |
|    |   | 1 Citizen Watch, 2 Diesel Watches   | \$250.00   |
| 13 | 8. Non-farm animals  Examples: Dogs, cats,  □ No  ■ Yes. Describe | birds, horses   |  |
|    |   | 2 family dogs   | \$0.00   |
| 14 | I. Any other personal an  ☐ No  ☐ Yes. Give specific inf          | d household items you did not already list, including any health aids you did not formation                               | list   |
|    |   | C-Pap Machine   | \$500.00   |
|    |   | <u> </u>  |  |
| 1  |   | of all of your entries from Part 3, including any entries for pages you have attach number here                           | \$6,200.00   |
|    | art 4: Describe Your Finan  |   |  |
| D  | o you own or have any l   | egal or equitable interest in any of the following?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

| D   | ebtor 1                 | Patrick Alan Tinn                                 | nell         |                         | Case number (if known)  |                      |
|-----|-------------------------|---|--------------|-------------------------|---|----------------------|
| 16. | Cash                    |   |              |                         |   |                      |
|     | Examp                   | oles: Money you have i                            | in your      | wallet, in your home, i | n a safe deposit box, and on hand when you file your petition   |                      |
|     | ■ No                    |   |              |                         |   |                      |
|     | ☐ Yes                   |   |              |                         |   |                      |
| 17. |                         |   |              |                         | certificates of deposit; shares in credit unions, brokerage houses, and oth the same institution, list each.              | er similar           |
|     | ☐ No                    | ŕ   |              |                         |   |                      |
|     | Yes                     |   |              |                         | Institution name:   |                      |
|     |                         |   | C            | hecking and             |   |                      |
|     |                         | 17  |              | avings Accounts         | Selco Bank Acct. #0945  | \$326.00             |
|     |                         |   |              |                         |   |                      |
|     |                         | 17  | .2. <b>C</b> | hecking                 | Chase Bank Acct #3628   | \$0.00               |
|     |                         |   |              |                         |   |                      |
|     |                         | 17  | .3. <b>C</b> | redit Union             | Oregon State CU Account #8056   | \$0.00               |
| 10  | Ponde                   | , mutual funds, or pu                             | hlichu       | radod stocks            |   |                      |
| 10. |                         |   |              |                         | ge firms, money market accounts   |                      |
|     | ■ No                    |   |              |                         |   |                      |
|     | ☐ Yes                   |   | Ins          | titution or issuer name | :   |                      |
| 10  | Non-ni                  | iblicly traded stock a                            | nd int       | arests in incornorate   | d and unincorporated businesses, including an interest in an LLC, pa  | artnershin and       |
| 19. |                         | enture  | iiiu iiii    | eresis in incorporate   | u and unincorporated businesses, including an interest in all LLC, pa   | ii tiiei siiip, aiiu |
|     | ■ No                    |   |              |                         |   |                      |
|     | ☐ Yes.                  | Give specific informat                            | ion abo      | out them                |   |                      |
|     |                         |   | Name         | of entity:              | % of ownership:   |                      |
| 20. | Negoti                  | <i>iable instrument</i> s inclu                   | de pers      | onal checks, cashiers   | e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them.  |                      |
|     | ■ No                    |   |              |                         |   |                      |
|     | ☐ Yes.                  | Give specific informati                           |              |                         |   |                      |
|     |                         |   | Issuer       | name:                   |   |                      |
| 21. |                         | ment or pension acco<br>ples: Interests in IRA, E |              | Keogh, 401(k), 403(b)   | , thrift savings accounts, or other pension or profit-sharing plans   |                      |
|     | Yes.                    | List each account sepa                            |              |                         |   |                      |
|     |                         | Ту  | pe of a      | ccount:                 | Institution name:   |                      |
|     |                         | IR  | Α            |                         | Rollover Fidelity Retirement Account #7732  | \$655,858.00         |
| 22. | Your s<br>Examp<br>■ No | oles: Agreements with                             | osits y      | ou have made so that    | you may continue service or use from a company cutilities (electric, gas, water), telecommunications companies, or others |                      |
|     | ☐ Yes.                  |   |              |                         | Institution name or individual:   |                      |
| 23. | . Annuit<br>■ No        | ies (A contract for a pe                          | eriodic      | payment of money to     | you, either for life or for a number of years)  |                      |
|     | ■ No □ Yes              | lssuer r  | name a       | nd description.         |   |                      |
|     | <b>—</b> 163            |   |              |                         |   |                      |
| 24. |                         | ts in an education IRA<br>C. §§ 530(b)(1), 529A(  |              |                         | ed ABLE program, or under a qualified state tuition program.  |                      |
|     | ■ No □ Yes              | Institution                                       | on nam       | e and description. Ser  | parately file the records of any interests.11 U.S.C. § 521(c):  |                      |
|     |                         |   |              |                         |   |                      |

| D  | ebtor 1              | Patrick Alan Tinnell  | Case number (if known)                          |   |
|----|----------------------|---|---|---|
| 25 | ■ No                 | equitable or future interests in property (other than anything liste  | ed in line 1), and rights or powers exercis     | sable for your benefit  |
|    | ☐ Yes.               | Give specific information about them  |   |   |
| 26 | Examp                | s, copyrights, trademarks, trade secrets, and other intellectual probles: Internet domain names, websites, proceeds from royalties and lice                                   |   |   |
|    | ■ No<br>□ Yes.       | Give specific information about them  |   |   |
| 27 |                      | es, franchises, and other general intangibles<br>oles: Building permits, exclusive licenses, cooperative association hold   | ings, liquor licenses, professional licenses    |   |
|    | ☐ Yes.               | Give specific information about them  |   |   |
| M  | oney or <sub>l</sub> | property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 |                      | unds owed to you  |   |   |
|    | ■ No<br>□ Yes.       | Give specific information about them, including whether you already fil   | ed the returns and the tax years                |   |
| 29 | ■ No                 | support  oles: Past due or lump sum alimony, spousal support, child support, ma   | aintenance, divorce settlement, property set    | tlement   |
| 30 | Examp  ■ No          | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, s benefits; unpaid loans you made to someone else  Give specific information | sick pay, vacation pay, workers' compensat      | ion, Social Security  |
| 31 | Examp                | ts in insurance policies  oles: Health, disability, or life insurance; health savings account (HSA);  | credit, homeowner's, or renter's insurance      |   |
|    | ■ No<br>□ Yes.       | Name the insurance company of each policy and list its value.  Company name:  | Beneficiary:                                    | Surrender or refund value:  |
| 32 | If you a             | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died.                           | ce policy, or are currently entitled to receive | property because  |
|    |                      | Give specific information   |   |   |
| 33 |                      | against third parties, whether or not you have filed a lawsuit or noles: Accidents, employment disputes, insurance claims, or rights to su                                    |   |   |
|    |                      | Describe each claim   |   |   |
| 34 | ■ No                 | contingent and unliquidated claims of every nature, including cou   | nterclaims of the debtor and rights to set      | off claims  |
| 25 |                      |   |   |   |
| ათ | . Any fin<br>■ No    | ancial assets you did not already list  |   |   |
|    | ☐ Yes.               | Give specific information   |   |   |

| Debt           | Patrick Alan Tinnell  |                             | Case number (if known)       |                |
|----------------|---|-----------------------------|------------------------------|----------------|
|                | Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here  |                             |                              | \$656,184.00   |
| Part !         | Describe Any Business-Related Property You Own or Have an Inter   | rest In. List any real esta | ate in Part 1.               |                |
| 37. <b>D</b> e | o you own or have any legal or equitable interest in any business-relate  | ed property?                |                              |                |
|                | No. Go to Part 6.   |                             |                              |                |
|                | Yes. Go to line 38.   |                             |                              |                |
| Part (         | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.                       | Own or Have an Interes      | st In.                       |                |
| 46. <b>D</b>   | o you own or have any legal or equitable interest in any farm-  | or commercial fishir        | ng-related property?         |                |
| I              | No. Go to Part 7.   |                             |                              |                |
| [              | Yes. Go to line 47.   |                             |                              |                |
|                |   |                             |                              |                |
| Part 7         | Describe All Property You Own or Have an Interest in That You   | u Did Not List Above        |                              |                |
|                | o you have other property of any kind you did not already list' Examples: Season tickets, country club membership No Yes. Give specific information | ?                           |                              |                |
| 54.            | Add the dollar value of all of your entries from Part 7. Write th   | at number here              |                              | \$0.00         |
| Part 8         | List the Totals of Each Part of this Form   |                             |                              |                |
| 55.            | Part 1: Total real estate, line 2   |                             |                              | \$350,000.00   |
| 56.            | Part 2: Total vehicles, line 5  | \$16,605.00                 |                              |                |
| 57.            | Part 3: Total personal and household items, line 15   | \$6,200.00                  |                              |                |
| 58.            | Part 4: Total financial assets, line 36   | \$656,184.00                |                              |                |
| 59.            | Part 5: Total business-related property, line 45  | \$0.00                      |                              |                |
| 60.            | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                      |                              |                |
| 61.            | Part 7: Total other property not listed, line 54 +  | \$0.00                      |                              |                |
| 62.            | Total personal property. Add lines 56 through 61  | \$678,989.00                | Copy personal property total | \$678,989.00   |
| 63.            | Total of all property on Schedule A/B. Add line 55 + line 62  |                             |                              | \$1,028,989.00 |

| Debtor 1                 | Patrick Alan Ti | innell      |           |                      |
|--------------------------|-----------------|-------------|-----------|----------------------|
|                          | First Name      | Middle Name | Last Name |                      |
| Debtor 2                 |                 |             |           |                      |
| (Spouse if, filing)      | First Name      | Middle Name | Last Name |                      |
| Case number _ (if known) |                 |             |           | ☐ Check if this is a |
|                          |                 |             |           | amended filing       |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of

| fun<br>exe | applicable statutory limit. Some exemption<br>ds—may be unlimited in dollar amount. How<br>mption to a particular dollar amount and the<br>he applicable statutory amount. | vever, if you claim an               | exen    | nption of 100% of fair market valu                              | e under a law that limits the      |
|------------|--|--------------------------------------|---------|---|------------------------------------|
| Pa         | rt 1: Identify the Property You Claim as E   | xempt                                |         |   |                                    |
| 1.         | Which set of exemptions are you claiming   | ? Check one only, ever               | า if yo | ur spouse is filing with you.                                   |                                    |
|            | $\square$ You are claiming state and federal nonban  | kruptcy exemptions. 1                | 1 U.S   | s.C. § 522(b)(3)  |                                    |
|            | ■ You are claiming federal exemptions. 11 l  | J.S.C. § 522(b)(2)                   |         |   |                                    |
| 2.         | For any property you list on Schedule A/B  | that you claim as exe                | mpt,    | fill in the information below.                                  |                                    |
|            | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|            |  | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                                    |
|            | 811 NE Apache Court Redmond, OR 97756 Deschutes County   | \$350,000.00                         |         | \$21,150.00   | 11 U.S.C. § 522(d)(1)              |
|            | Value based off of Redfin/Zillow for average, and reduced for deferred maintenace.  Line from Schedule A/B: 1.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|            | 2005 Jeep Wrangler 130,000 miles<br>Value based off of kbb.com private   | \$3,955.00                           |         | \$4,000.00  | 11 U.S.C. § 522(d)(2)              |
|            | party value, Debtor's wife will be taking the car once Divorce is final, but debtor still on registration.  Line from Schedule A/B: 3.2                                    |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|            | Misc. household goods with no item worth more than \$200.00  | \$3,000.00                           |         | \$3,000.00  | 11 U.S.C. § 522(d)(3)              |
|            | Line from Schedule A/B: <b>6.1</b>   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|            | Misc. electronics Line from Schedule A/B: 7.1  | \$750.00                             |         | \$750.00  | 11 U.S.C. § 522(d)(3)              |
|            | Ente nom Goriodale AVD. 1.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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| Brief description of the property and line on Corpus the value of the portion you own Corpus the value from Schedule A/B that lists this property   Sole F85 Treadmill and weights Line from Schedule A/B: 9.1   \$900.00   \$900.00   \$900.00   \$900.00   \$10 U.S.C. § 522(d)(5)   | Debtor 1 | Patrick Alan Tinnell                         |                           |         | Case number (if known)                |                                    |
|--|----------|--|---------------------------|---------|---------------------------------------|------------------------------------|
| Sole F85 Treadmill and weights Line from Schedule A/E; 9.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Misc. Clothing Line from Schedule A/E; 11.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Misc. Clothing Line from Schedule A/E; 11.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Misc. Clothing Line from Schedule A/E; 11.1  Sig Sauer 9mm Pistol Line from Schedule A/E; 10.1  Line from Schedule A/E; 10.1  Clothing Line from Schedule A/E; 11.1  C-Pap Machine Line from Schedule A/E; 12.1  C-Pap Machine Line from Schedule A/E; 14.1  Checking and Savings Accounts: Sig Sauer 9mm Pistol Line from Schedule A/E; 17.1  Checking and Savings Accounts: Sig Sauer 9mm Pistol Line from Schedule A/E; 17.1  Line from Schedule A/E; 17.1  RA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/E; 21.1  Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  |          |  |                           | Am      | ount of the exemption you claim       | Specific laws that allow exemption |
| Line from Schedule A/B: 9.1    100% of fair market value, up to any applicable statutory limit   |          |  |                           | Che     | eck only one box for each exemption.  |                                    |
| Sig Sauer 9mm Pistol Line from Schedule A/B: 10.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 10.1  Misc. Clothing Line from Schedule A/B: 11.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 11.1  Misc. Clothing Line from Schedule A/B: 11.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 11.1  Line from Schedule A/B: 11.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 11.1  Line from Schedule A/B: 11.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 11.1  Sig Sauer 9mm Pistol Line from Schedule A/B: 11.1  Line from Schedule A/B: 11.1  Line from Schedule A/B: 12.1  Line from Schedule A/B: 12. |          |  | \$900.00                  |         | \$900.00                              | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 10.1  Misc. Clothing Line from Schedule A/B: 11.1  Misc. Clothing Line from Schedule A/B: 11.1  1 Citizen Watch, 2 Diesel Watches Line from Schedule A/B: 12.1  C-Pap Machine Line from Schedule A/B: 14.1  Line from Schedule A/B: 14.1  C-Pap Machine Line from Schedule A/B: 14.1  Line from Schedule A/B: 14.1  Line from Schedule A/B: 15.1  Line from Schedule A/B: 17.1  Line from Schedule A/B: 21.1  Line from Schedule | Line     | TION GOILGAGE / V.S. G.T.                    |                           |         |                                       |                                    |
| Misc. Clothing Line from Schedule A/B: 11.1  C-Pap Machine Line from Schedule A/B: 14.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 12.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 12.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 12.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 10.0% of fair market value, up to any applicable statutory limit a | _        |  | \$500.00                  |         | \$500.00                              | 11 U.S.C. § 522(d)(5)              |
| Line from Schedule A/B: 11.1    100% of fair market value, up to any applicable statutory limit     1 Citizen Watch, 2 Diesel Watches Line from Schedule A/B: 12.1   100% of fair market value, up to any applicable statutory limit     1 C-Pap Machine Line from Schedule A/B: 14.1   \$500.00   100% of fair market value, up to any applicable statutory limit     C-Pap Machine Line from Schedule A/B: 14.1   \$500.00   100% of fair market value, up to any applicable statutory limit     Checking and Savings Accounts: Salco Bank Acct. #0945   11 U.S.C. § 522(d)(5)     Checking and Savings Accounts: Salco Bank Acct. #0945   100% of fair market value, up to any applicable statutory limit     IRA: Rollover Fidelity Retirement Account #7732   100% of fair market value, up to any applicable statutory limit     IRA: Rollover Fidelity Retirement Account #7732   100% of fair market value, up to any applicable statutory limit     3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)   | Line     | Holl Galedale 742. 10.1                      |                           |         | · •                                   |                                    |
| 100% of fair market value, up to any applicable statutory limit  |          | •  | \$300.00                  |         | \$300.00                              | 11 U.S.C. § 522(d)(3)              |
| Line from Schedule A/B: 12.1  C-Pap Machine Line from Schedule A/B: 14.1  S500.00  S500.00  S500.00  S500.00  100% of fair market value, up to any applicable statutory limit  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  S655,858.00  RA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  | Lille    | Hom Schedule A/B. 11.1                       |                           |         |                                       |                                    |
| C-Pap Machine Line from Schedule A/B: 14.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  IRA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  \$500.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$655,858.00  \$655,858.00  \$100% of fair market value, up to any applicable statutory limit  |          | •  | \$250.00                  |         | \$250.00                              | 11 U.S.C. § 522(d)(4)              |
| Line from Schedule A/B: 14.1  Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  IRA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  Set Selco Bank Acct. #0945 Line from Schedule A/B: 21.1  Account #7732 Line from Schedule A/B: 21.1  Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  | LINE     | HOIII Scredule PVB. 12.1                     |                           |         |                                       |                                    |
| Checking and Savings Accounts: Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  IRA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  |          | •  | \$500.00                  |         | \$500.00                              | 11 U.S.C. § 522(d)(5)              |
| Selco Bank Acct. #0945 Line from Schedule A/B: 17.1  IRA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)   | LINE     | Hom Scredule A/B. 14.1                       |                           |         |                                       |                                    |
| Line from Schedule A/B: 17.1  IRA: Rollover Fidelity Retirement Account #7732 Line from Schedule A/B: 21.1  Separate Sep |          | •  | \$326.00                  |         | \$326.00                              | 11 U.S.C. § 522(d)(5)              |
| Account #7732 Line from Schedule A/B: 21.1  100% of fair market value, up to any applicable statutory limit  3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)   |          |  |                           |         |                                       |                                    |
| Line from Schedule A/B: 21.1  100% of fair market value, up to any applicable statutory limit  3. Are you claiming a homestead exemption of more than \$170,350?  (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  |          | •  | \$655,858.00              |         | \$655,858.00                          | 11 U.S.C. § 522(d)(12)             |
| (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  |          |  |                           |         | · •                                   |                                    |
|  |          |  |                           |         |                                       |                                    |
| NO   | (Sul     | oject to adjustment on 4/01/22 and every  No | 3 years after that for ca | ases fi | led on or after the date of adjustmer | nt.)                               |
| Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?   |          | _ , , , , , ,                                | red by the exemption w    | ithin 1 | ,215 days before you filed this case  | ?                                  |
| □ No □ Yes   |          |  |                           |         |                                       |                                    |

| Fill in this infor                      | mation to identify you       | r case:   |                 |                                      |                               |                      |
|---|------------------------------|---|-----------------|--------------------------------------|-------------------------------|----------------------|
| Debtor 1                                | Patrick Alan Tin             |   |                 |                                      | _                             |                      |
| Debtor 2                                | First Name                   | Middle Name   | Last Name       |                                      |                               |                      |
| (Spouse if, filing)                     | First Name                   | Middle Name   | Last Name       |                                      | -                             |                      |
| United States Ba                        | ankruptcy Court for the:     | DISTRICT OF OREGON  |                 |                                      | _                             |                      |
| Case number                             |                              |   |                 |                                      |                               |                      |
| (if known)                              |                              |   |                 |                                      | ☐ Check                       | t if this is an      |
|   |                              |   |                 |                                      | amen                          | ded filing           |
| Official Form                           | ~ 106D                       |   |                 |                                      |                               |                      |
| Official Forr                           |                              |   | _               |                                      |                               |                      |
| Schedule                                | D: Creditors                 | Who Have Claims   | Secure          | ed by Propert                        | :y                            | 12/15                |
| is needed, copy th<br>number (if known) | e Additional Page, fill it o | If two married people are filing togeth<br>but, number the entries, and attach it         |                 |                                      |                               |                      |
| `                                       | s have claims secured by     |   | r aabadulaa     | Vou hove nothing class               | to roport on this form        |                      |
| _                                       |                              | nis form to the court with your other   | scriedules.     | You have nothing else                | to report on this form.       |                      |
| ■ Yes. Fill i                           | n all of the information l   | below.  |                 |                                      |                               |                      |
| Part 1: List A                          | All Secured Claims           |   |                 | Only was a                           | O-lime D                      | 0-10                 |
|   |                              | more than one secured claim, list the cre   |                 |                                      | Column B  Value of collateral | Column C Unsecured   |
|   |                              | a particular claim, list the other creditor<br>cal order according to the creditor's name |                 | Do not deduct the                    | that supports this            | portion              |
| 2.1 Mr. Coop                            | er                           | Describe the property that secures  | the claim:      | value of collateral.<br>\$316,850.00 | s350,000.00                   | If any <b>\$0.00</b> |
| Creditor's Nam                          |                              | 811 NE Apache Court Redm  |                 |                                      |                               | 40.00                |
|   |                              | 97756 Deschutes County  |                 |                                      |                               |                      |
|   |                              | Value based off of Redfin/Z   |                 |                                      |                               |                      |
|   |                              | average, and reduced for de   | eferred         |                                      |                               |                      |
|   | ress Waters                  | maintenace. As of the date you file, the claim is:  | Check all that  |                                      |                               |                      |
| Blvd.                                   | TV 75040                     | apply.  | Oncon an mar    |                                      |                               |                      |
| Coppell,                                |                              | Contingent  |                 |                                      |                               |                      |
| Number, Stree                           | et, City, State & Zip Code   | ☐ Unliquidated  |                 |                                      |                               |                      |
| Who owes the de                         | eht? Check one               | ☐ Disputed  Nature of lien. Check all that apply.   |                 |                                      |                               |                      |
| ■ Debtor 1 only                         | obti onok ono.               | An agreement you made (such as  | mortaga or a    | popurad                              |                               |                      |
|   |                              | car loan)   | mortgage or s   | secured                              |                               |                      |
| ☐ Debtor 2 only ☐ Debtor 1 and D        | Johtor 2 only                | ☐ Statutory lien (such as tax lien, me  | oboniolo lion)  |                                      |                               |                      |
|   | the debtors and another      | ☐ Statutory lien (such as tax lien, me  | citatile Silen) |                                      |                               |                      |
| Check if this c                         | claim relates to a           | Other (including a right to offset)   | First Mor       | tgage                                |                               |                      |
|   | Opened                       |   |                 |                                      |                               |                      |
|   | 2/28/17<br>Last ∆ctive       |   |                 |                                      |                               |                      |

Date debt was incurred 12/10/18

Last 4 digits of account number

8681

| Debtor 1 Patrick Al   | an Tinnell                     |                                      |   | Cas              | se number (if known)         |                           |             |
|---|--------------------------------|--------------------------------------|---|------------------|------------------------------|---------------------------|-------------|
| First Name  | Middle N                       | ame                                  | Last Name   |                  | , ,                          |                           |             |
| 2.2 <b>OHSI</b>   |                                | Describe the                         | property that secures the   | claim:           | \$12,000.00                  | \$350,000.00              | \$0.00      |
| Creditor's Name   |                                | 811 NE Ap<br>97756 Des<br>Value base | rache Court Redmon<br>schutes County<br>ed off of Redfin/Zillo<br>nd reduced for defe         | nd, OR           | φ12,000.00                   | \$330,000.00              | φ0.00       |
| 725 Summer S<br>Ste. B  |                                | apply.                               | e you file, the claim is: Che   | eck all that     |                              |                           |             |
| Salem, OR 973  Number, Street, City, S  |                                | ☐ Contingent☐ Unliquidate            |   |                  |                              |                           |             |
| Who owes the debt?  | Check one.                     | ☐ Disputed  Nature of lie            | n. Check all that apply.  |                  |                              |                           |             |
| ■ Debtor 1 only □ Debtor 2 only   |                                | An agreem car loan)                  | nent you made (such as mo   | rtgage or secur  | ed                           |                           |             |
| Debtor 1 and Debtor 2  At least one of the det  Check if this claim re community debt | otors and another              | ☐ Judgment                           | en (such as tax lien, mecha<br>lien from a lawsuit<br>uding a right to offset)                | nnic's lien)     |                              |                           |             |
| Date debt was incurred  | 2019                           | Last 4                               | digits of account number  | n/a              |                              |                           |             |
| 2.3 Oregon State  | Credit Un                      | Describe the                         | property that secures the   | claim:           | \$14,955.00                  | \$12,650.00               | \$2,305.00  |
| Creditor's Name   |                                | Value base party value               |   | ivate            |                              |                           |             |
| 1980 Nw 9th S<br>Corvallis, OR  |                                | As of the date apply.  Contingent    | e you file, the claim is: Che   | eck all that     |                              |                           |             |
| Number, Street, City, S   | ·                              | ☐ Unliquidate                        |   |                  |                              |                           |             |
| Who owes the debt? O  Debtor 1 only   | neck one.                      | ☐ An agreem                          | <b>n.</b> Check all that apply.<br>nent you made (such as mo                                  | rtgage or secur  | ed                           |                           |             |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 ☐ At least one of the debtor 2                | •                              |                                      | en (such as tax lien, mecha<br>lien from a lawsuit  | ınic's lien)     |                              |                           |             |
| Check if this claim re community debt   | elates to a                    | _                                    | uding a right to offset)  |                  |                              |                           |             |
|   | Opened<br>03/15 Last<br>Active |                                      |   | 0004             |                              |                           |             |
| Date debt was incurred  | 4/22/19                        | Last 4                               | digits of account number  | 0004             |                              |                           |             |
| Add the dollar value o  | f vour entries in C            | column A on this                     | s page. Write that number   | r here:          | \$343,805.0                  | 00                        |             |
|   | of your form, add              |                                      | e totals from all pages.  |                  | \$343,805.0                  |                           |             |
| Part 2: List Others t   | o Be Notified fo               | or a Debt That                       | You Already Listed  |                  |                              |                           |             |
| trying to collect from yo   | u for a debt you o             | we to someone<br>t you listed in P   | it your bankruptcy for a de<br>else, list the creditor in F<br>Part 1, list the additional cr | Part 1, and thei | n list the collection agen   | cy here. Similarly, if yo | u have more |
| Loandepo.co   |                                | Zip Code                             |   | On which         | line in Part 1 did you enter | the creditor? 2.1         |             |
| 26642 Towne<br>Foothill Ranc  |                                |                                      |   | Last 4 digi      | its of account number        |                           |             |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

| Deptor | Patrick Alan        | Tinneii                    |           | Case number (if known)                                  |
|--------|---------------------|----------------------------|-----------|---|
|        | First Name          | Middle Name                | Last Name |   |
|        |                     |                            |           |   |
| \      | Name, Number, Stree | et, City, State & Zip Code |           | On which line in Part 1 did you enter the creditor? 2.1 |
| l      | _oandepot           |                            |           |   |
|        | Bankruptcy Der      | ot.                        |           | Last 4 digits of account number                         |
| F      | PO Box 9225         |                            |           | <u> </u>  |
| (      | Old Bethpage, N     | NY 11804-9225              |           |   |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fil                        | l in this informa   | ation to identify your  | case:   |   |   |   |   |                                      |   |  |                    |
|----------------------------|---|---|---|---|---|---|---|--------------------------------------|---|--|--------------------|
| De                         | btor 1  | Patrick Alan Tinne  |   | Nome  | Loot Nove   |   |   |                                      |   |  |                    |
| De                         | btor 2  | First Name  | Middle  | Name  | Last Nam  | 9   |   |                                      |   |  |                    |
|                            | ouse if, filing)  | First Name  | Middle  | Name  | Last Nam  | 9   |   |                                      |   |  |                    |
| Ur                         | ited States Banl  | kruptcy Court for the:  | DISTRICT  | OF OREGON   |   |   |   |                                      |   |  |                    |
|                            | nse number  |   |   | _   |   |   |   |                                      |   | if this is a<br>ed filing              | n                  |
| Sc                         |   | 106E/F F: Creditors W   |   |   |   |   | or creditors with NON   | PRIORITY (                           | claims. Li                              | 12/1:                                  |                    |
| any<br>Sch<br>Sch<br>left. | executory contra<br>edule G: Executo<br>edule D: Creditor | acts or unexpired leases<br>bry Contracts and Unexp<br>rs Who Have Claims Sec<br>nuation Page to this pag                 | that could re<br>ired Leases (<br>ured by Propo | sult in a claim.<br>Official Form 10<br>erty. If more spa | Also list executo<br>6G). Do not inclu<br>ice is needed, co | ry contract<br>ide any cre<br>py the Part | s on Schedule A/B: F<br>ditors with partially s<br>you need, fill it out, | roperty (Of<br>ecured clainumber the | ficial Fori<br>ims that a<br>entries ir | m 106A/B)<br>re listed in<br>the boxe: | and on<br>s on the |
| Pa                         | rt 1: List All  | of Your PRIORITY Un   | secured Cla                                     | aims  |   |   |   |                                      |   |  |                    |
| 1.                         | Do any creditors  | s have priority unsecure  | d claims agai                                   | nst you?  |   |   |   |                                      |   |  |                    |
|                            | ☐ No. Go to Par   | rt 2.   |   |   |   |   |   |                                      |   |  |                    |
|                            | Yes.  |   |   |   |   |   |   |                                      |   |  |                    |
| 2.                         | identify what type possible, list the                     | oriority unsecured claims<br>e of claim it is. If a claim ha<br>claims in alphabetical orde<br>an one creditor holds a pa | s both priority<br>er according to              | and nonpriority a the creditor's na                       | mounts, list that ome. If you have n                        | claim here a                              | nd show both priority a   | nd nonprior                          | ity amount                              | s. As much                             | as                 |
|                            |   | ion of each type of claim, s  |   |   |   | booklet.)                                 | Total claim   | Priority<br>amount                   |   | Nonpriori<br>amount                    | ity                |
| 2.1                        | Internal F  | Revenue Service   |   | ast 4 digits of   | account number  | n/a                                       | Unknown   | amount                               | \$0.00                                  | amount                                 | \$0.00             |
|                            | Priority Cred   |   | <u> </u>  | Luot 4 uigito oi t  | account number  | 11/α                                      | Onknown   |                                      | Ψ0.00                                   | -                                      | ψ0.00              |
|                            |   | tcy Notices   | ,   | When was the d  | ebt incurred?   | n/a                                       |   |                                      |   |  |                    |
|                            | PO Box 7  |   | •   |   |   |   |   |                                      |   |  |                    |
|                            | Number Stre   | ohia, PA 19101-7346<br>eet City State Zip Code  | <u> </u>  | As of the date v  | ou file, the claim  | is: Check a                               | II that apply   |                                      |   |  |                    |
|                            |   | the debt? Check one.  |   | ☐ Contingent  | ,   |   | им арру   |                                      |   |  |                    |
|                            | Debtor 1 on   | ly  |   | ☐ Unliquidated  |   |   |   |                                      |   |  |                    |
|                            | Debtor 2 on   | ly  |   | ☐ Disputed  |   |   |   |                                      |   |  |                    |
|                            |   | d Debtor 2 only   |   | •   | ΓY unsecured cla  | ıim:                                      |   |                                      |   |  |                    |
|                            | _   | of the debtors and another  |   | Domestic sup  |   |   |   |                                      |   |  |                    |
|                            |   | is claim is for a commur  | ,1  | •   | rtain other debts   | OU OWE the                                | government  |                                      |   |  |                    |
|                            |   | is claim is for a communibject to offset?   | -   |   |   |   | u were intoxicated  |                                      |   |  |                    |
|                            | No  |   |   | Other. Specify  |   | y y O                                     | aoro intoxidated  |                                      |   |  |                    |
|                            | Yes   |   |   | Unier. Specif   | Precaution  | ary Noti                                  | ce  |                                      |   |  |                    |

Best Case Bankruptcy

|  |  | Case no  | umber (if known)  |   |  |
|--|--|--|---|---|--|
| Oregon Department Of Revenue   | Last 4 digits of account number  | n/a  | Unknown   | \$0.00  | \$0.                                   |
| Priority Creditor's Name  Bankruptcy Notice Dept.  | When was the debt incurred?  | n/a  |   |   |  |
| 955 Center Street. NE  | When was the dept incurred?  | II/a   |   |   |  |
| Salem, OR 97301-2555   |  |  |   |   |  |
| Number Street City State Zip Code  | As of the date you file, the claim   | s: Check al  | I that apply  |   |  |
| Who incurred the debt? Check one.  | ☐ Contingent   |  |   |   |  |
| Debtor 1 only  | ☐ Unliquidated   |  |   |   |  |
| Debtor 2 only  | ☐ Disputed   |  |   |   |  |
| Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla   | m:   |   |   |  |
| At least one of the debtors and another  | ☐ Domestic support obligations   |  |   |   |  |
| ☐ Check if this claim is for a community debt  | Taxes and certain other debts y  | ou owe the   | government  |   |  |
| Is the claim subject to offset?  | ☐ Claims for death or personal inj   | ıry while you  | u were intoxicated  |   |  |
| No   | Other. Specify   |  |   |   |  |
| ☐ Yes  | Precaution   | ary Notic  | e   |   |  |
| Yes.   | alphabetical order of the creditor v   | /ho holds e  |   |   |  |
| Yes.  List all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other   | e alphabetical order of the creditor was laim. For each claim listed, identify wh  | <b>/ho holds e</b><br>at type of cl  | aim it is. Do not list claims alı   | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of             |
| Yes.  ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.   | e alphabetical order of the creditor value. For each claim listed, identify when creditors in Part 3.If you have more the  | vho holds e<br>at type of cl<br>nan three no   | aim it is. Do not list claims all<br>enpriority unsecured claims fil  | ready included in Par   | rt 1. If more<br>n Page of<br>m        |
| Yes.  st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other  | e alphabetical order of the creditor was laim. For each claim listed, identify wh  | vho holds e<br>at type of cl<br>nan three no   | aim it is. Do not list claims all<br>enpriority unsecured claims fil  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence   | e alphabetical order of the creditor value.  Iaim. For each claim listed, identify who creditors in Part 3.If you have more to the control of the creditors in Part 3.If you have more to the control of the creditors.  | who holds eat type of clean three no   | aim it is. Do not list claims all oppriority unsecured claims file  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence  Po Box 981540  | e alphabetical order of the creditor value. For each claim listed, identify when creditors in Part 3.If you have more the  | who holds eat type of clean three no   | aim it is. Do not list claims all oppriority unsecured claims file  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence   | e alphabetical order of the creditor value.  Iaim. For each claim listed, identify who creditors in Part 3.If you have more to the control of the creditors in Part 3.If you have more to the control of the creditors.  | who holds eat type of clian three no one of the contract of th | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations. The claims are | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  Ist all of your nonpriority unsecured claims in the resecured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence  Po Box 981540  El Paso, TX 79998  | e alphabetical order of the creditor value. For each claim listed, identify whe creditors in Part 3.If you have more the Last 4 digits of account numb   | who holds eat type of clian three no one of the contract of th | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations. The claims are | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  ist all of your nonpriority unsecured claims in the resecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code   | e alphabetical order of the creditor value. For each claim listed, identify whe creditors in Part 3.If you have more the Last 4 digits of account numb   | who holds eat type of clian three no one of the contract of th | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations are claims file operations.  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.   | e alphabetical order of the creditor valaim. For each claim listed, identify where creditors in Part 3.If you have more the creditors in Part 3.If you have more that a creditor is a continuous part of the claim in the creditor in Part 3.If you have more than 2.If you have m | who holds eat type of clian three no one of the contract of th | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations are claims file operations.  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  ist all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy  Nonpriority Creditor's Name  Correspondence  Po Box 981540  El Paso, TX 79998  Number Street City State Zip Code  Who incurred the debt? Check one.  | e alphabetical order of the creditor of laim. For each claim listed, identify who creditors in Part 3.lf you have more to be a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent.  | who holds eat type of clian three no one of the contract of th | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations are claims file operations.  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Yes.  ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only  | e alphabetical order of the creditor valaim. For each claim listed, identify when creditors in Part 3.If you have more to be a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent.  Unliquidated.   | who holds eat type of claim three no man thr | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations are claims file operations.  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Amex/Bankruptcy Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only   | e alphabetical order of the creditor valaim. For each claim listed, identify where creditors in Part 3.If you have more to be creditors in Part 3.If you have more to be considered as a count numb.  Last 4 digits of account numb.  When was the debt incurred?  As of the date you file, the claim Contingent.  Unliquidated.  Disputed.  | who holds eat type of claim three no man thr | aim it is. Do not list claims all oppriority unsecured claims file operations are claims file operations. The claims are claims file operations are claims file operations are claims file operations.  | ready included in Par<br>Il out the Continuatio                   | rt 1. If more<br>n Page of<br>m        |
| Amex/Bankruptcy Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  | e alphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.lf you have more the creditors in Part 4.lf you have more the creditors as the creditors of the date you file, the claim continued to the creditors of the creditors are creditors.    Contingent  | who holds eat type of claim three not read three no | aim it is. Do not list claims all oppriority unsecured claims file operations are all that apply  | ready included in Par<br>Il out the Continuatio  Total clair  ive | rt 1. If more<br>n Page of<br>m        |
| ist all of your nonpriority unsecured claims in the nescured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other art 2.  Amex/Bankruptcy Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | e alphabetical order of the creditor of laim. For each claim listed, identify who creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more than 1.If you have more than 1.I | who holds eat type of claim three no Table 7844 Oper 02/18 m is: Check   | aim it is. Do not list claims all oppriority unsecured claims file operations are all that apply greement or divorce that you   | ready included in Par<br>Il out the Continuatio  Total clair  ive | rt 1. If more<br>n Page of             |
| Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt   | e alphabetical order of the creditor valaim. For each claim listed, identify what creditors in Part 3.lf you have more the creditors in Part 4.lf you have more the creditors as the creditors of the date you file, the claim continued to the creditors of the creditors are creditors.    Contingent  | who holds eat type of claim three not read claim:  | aim it is. Do not list claims all oppriority unsecured claims file operations are all that apply greement or divorce that you   | ready included in Par<br>Il out the Continuatio  Total clair  ive | rt 1. If more<br>n Page of<br><b>m</b> |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 9

| Debte | Patrick Alan Tinnell  |  | Case number (if known)                       |             |
|-------|---|--|--|-------------|
| 4.2   | Bank Of America   | Last 4 digits of account number                                | 6340   | \$13,201.00 |
|       | Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50                        | When was the debt incurred?                                    | Opened 11/98 Last Active 11/27/18            |             |
|       | Tampa, FL 33634  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                           | s: Check all that apply                      |             |
|       | Debtor 1 only   | ☐ Contingent   |  |             |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |             |
|       | ☐ Check if this claim is for a community  | Student loans  |  |             |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not |             |
|       | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |             |
|       | ☐ Yes   | ■ Other. Specify Credit Card                                   | <u> </u>                                     |             |
| 4.3   | Bank Of America Nonpriority Creditor's Name   | Last 4 digits of account number                                | 9970   | \$10,416.00 |
|       | 4909 Savarese Circle<br>FI1-908-01-50   | When was the debt incurred?                                    | Opened 03/13 Last Active 11/27/18            |             |
|       | Tampa, FL 33634  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                           | s: Check all that apply                      |             |
|       | Debtor 1 only   | ☐ Contingent   |  |             |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |             |
|       | Check if this claim is for a community  | Student loans  |  |             |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |             |
|       | ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts             |             |
|       | Yes   | ■ Other. Specify Credit Card                                   | <u> </u>                                     |             |
| 4.4   | Capital One Card Services  Nonpriority Creditor's Name                                | Last 4 digits of account number                                | n/a  | \$0.00      |
|       | Bankruptcy Notice<br>PO Box 30285   | When was the debt incurred?                                    | n/a  |             |
|       | Salt Lake City, UT 84130-0285  Number Street City State Zip Code                      | As of the date you file, the claim i                           | s: Check all that apply                      |             |
|       | Who incurred the debt? Check one.   | •  | ,  |             |
|       | Debtor 1 only   | ☐ Contingent   |  |             |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |             |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa                              | ration agreement or divorce that you did not |             |
|       | •   | report as priority claims  Debts to pension or profit-sharin   | a plane, and other similar dobts             |             |
|       | ■ No  | ·  | ••   |             |
|       | Yes   | Other. Specify Misc. Cons                                      | umer Debt                                    |             |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto | Patrick Alan Tinnell  |   | Case number (if known)                       |             |
|-------|---|---|--|-------------|
| 4.5   | Central Oregon Radiology<br>Associates  | Last 4 digits of account number                               | n/a  | \$244.71    |
|       | Nonpriority Creditor's Name<br>1460 NE Medical Center Dr., #180<br>Bend. OR 97701 | When was the debt incurred?                                   | n/a  |             |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.              | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|       | Debtor 1 only   | ☐ Contingent  |  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | l claim:                                     |             |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|       | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |             |
|       | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |             |
|       | Yes   | Other. Specify Medical Se                                     | rvices                                       |             |
| 4.6   | Chase Card Services   | Last 4 digits of account number                               | 8060   | \$12,602.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850    | When was the debt incurred?                                   | Opened 4/28/99 Last Active 3/12/19           |             |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.              | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|       | Debtor 1 only   | ☐ Contingent  |  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | l claim:                                     |             |
|       | $\square$ Check if this claim is for a community                                  | ☐ Student loans   |  |             |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |             |
|       | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |             |
|       | Yes   | Other. Specify Credit Card                                    | <u> </u>                                     |             |
| 4.7   | CTA Lab  Nonpriority Creditor's Name  | Last 4 digits of account number                               | n/a  | \$240.00    |
|       | PO Box 230457<br>Portland, OR 97281   | When was the debt incurred?                                   | n/a  |             |
|       | Number Street City State Zip Code Who incurred the debt? Check one.               | As of the date you file, the claim i                          | s: Check all that apply                      |             |
|       | ■ Debtor 1 only   | ☐ Contingent  |  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |  |             |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|       | $\square$ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                 |  |             |
|       | ☐ Check if this claim is for a community  | Student loans   |  |             |
|       | debt<br>Is the claim subject to offset?   | report as priority claims                                     | ration agreement or divorce that you did not |             |
|       | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |             |
|       | Yes   | Other. Specify Medical Se                                     | rvices                                       |             |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 9

| Debtor   | 1 Patrick Alan Tinnell  |  | Case number (if known)                       |             |
|----------|---|--|--|-------------|
| 4.8      | Discover Financial  | Last 4 digits of account number                              | 4058   | \$11,107.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 | When was the debt incurred?                                  | Opened 11/10 Last Active 2/07/19             |             |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                       | As of the date you file, the claim                           | s: Check all that apply                      |             |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | $\square$ Check if this claim is for a community debt                                     |  | ration agreement or divorce that you did not |             |
|          | Is the claim subject to offset?   | report as priority claims                                    |  |             |
|          | No  | Debts to pension or profit-sharing                           | <del>-</del> •                               |             |
|          | Yes   | Other. Specify Credit Card                                   | <u> </u>                                     |             |
| 4.9      | Navient   | Last 4 digits of account number                              | 3232   | \$21,251.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773             | When was the debt incurred?                                  | Opened 09/14 Last Active 5/17/19             |             |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|          | Who incurred the debt? Check one.   |  |  |             |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |             |
|          | Debtor 2 only   | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | ☐ Check if this claim is for a community  | Student loans  |  |             |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|          | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | Yes   | Other. Specify   |  |             |
|          |   | Educationa   | l  |             |
| 4.1<br>0 | Navient Nonpriority Creditor's Name   | Last 4 digits of account number                              | 9016   | \$17,598.00 |
|          | Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773   | When was the debt incurred?                                  | Opened 06/18 Last Active 5/17/19             |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim                           | s: Check all that apply                      |             |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|          | ☐ Check if this claim is for a community  | Student loans  |  |             |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
|          | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
|          | □Yes  | Other. Specify   |  |             |
|          |   | Educationa   |  |             |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 9

| Debto    | Patrick Alan Tinnell   |  | Case number (if known)                       |                   |
|----------|--|--|--|-------------------|
| 4.1      | Navient  | Last 4 digits of account number                                  | 8216   | \$16,030.00       |
| <u> </u> | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9000                                   | When was the debt incurred?                                      | Opened 09/15 Last Active 5/17/19             |                   |
|          | Wiles-Barr, PA 18773  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                             | s: Check all that apply                      |                   |
|          | Debtor 1 only  | ☐ Contingent   |  |                   |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed   |  |                   |
|          | ■ At least one of the debtors and another  ☐ Check if this claim is for a community        | Type of NONPRIORITY unsecured  Student loans                     | d claim:                                     |                   |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims       | ration agreement or divorce that you did not |                   |
|          | ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts             |                   |
|          | Yes  | Other. Specify   |  |                   |
|          |  | Educationa   | ll   |                   |
| 4.1<br>2 | Navient Nonpriority Creditor's Name  | Last 4 digits of account number                                  | 2614   | \$14,457.00       |
|          | Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773  | When was the debt incurred?                                      | Opened 09/17 Last Active 5/17/19             |                   |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim i                             | s: Check all that apply                      |                   |
|          | ☐ Debtor 1 only  | ☐ Contingent   |  |                   |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |                   |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                   |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                     |                   |
|          | ☐ Check if this claim is for a community   | Student loans  |  |                   |
|          | debt Is the claim subject to offset?   | □ Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |                   |
|          | ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts             |                   |
|          | Yes  | Other. Specify  Educationa                                       |  |                   |
| 4.1      | No. 2004   |  | _  | <b>044.040.00</b> |
| 3        | Navient Nonpriority Creditor's Name  | Last 4 digits of account number                                  | <u>1506</u>                                  | \$14,216.00       |
|          | Attn: Bankruptcy<br>Po Box 9000<br>Wiles-Barr, PA 18773                                    | When was the debt incurred?                                      | Opened 09/16 Last Active 5/17/19             |                   |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                        | As of the date you file, the claim i                             | s: Check all that apply                      |                   |
|          | ☐ Debtor 1 only  | ☐ Contingent   |  |                   |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |                   |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                   |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                    | d claim:                                     |                   |
|          | ☐ Check if this claim is for a community debt  | Student loans  |  |                   |
|          | Is the claim subject to offset?  | □ Obligations arising out of a separe report as priority claims  | ration agreement or divorce that you did not |                   |
|          | ■ No   | Debts to pension or profit-sharing                               | g plans, and other similar debts             |                   |
|          | Yes  | Other. Specify   |  |                   |
|          |  | Educationa   | ıl   |                   |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto                           | Patrick Alan Tinnell   |   | Case number (if kno   | own)   |                   |
|---------------------------------|--|---|---|--|-------------------|
| 4.1                             | Oregon State Credit Un   | Last 4 digits of account number   | 0070  |  | \$15,650.00       |
|                                 | Nonpriority Creditor's Name  1980 Nw 9th St Corvallis, OR 97330  | When was the debt incurred?   | Opened 08/05<br>11/27/18  | Last Active  |                   |
|                                 | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that app  | ly   |                   |
|                                 | ■ Debtor 1 only  | ☐ Contingent  |   |  |                   |
|                                 | Debtor 2 only  | ☐ Unliquidated  |   |  |                   |
|                                 | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |                   |
|                                 | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecur   | ed claim:   |  |                   |
|                                 | ☐ Check if this claim is for a community   | ☐ Student loans   |   |  |                   |
|                                 | debt   | Obligations arising out of a sep  | paration agreement or o   | divorce that you did not   |                   |
|                                 | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-shar  | ing plans, and other sir  | milar dahta  |                   |
|                                 | No   | , ,   | sumer Debt; Acid  |  |                   |
|                                 | Yes  |   | s County Case N   |  |                   |
| 4.1<br>5                        | St. Charles Health System  | Last 4 digits of account number   | n/a   |  | \$24,001.00       |
|                                 | Nonpriority Creditor's Name PO Box 6194 Ste. 450   | When was the debt incurred?   | n/a   |  |                   |
|                                 | Omaha, NE 68106  Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the clain  | is: Check all that app  | ly   |                   |
|                                 | Debtor 1 only  | Пол   |   |  |                   |
|                                 | Debtor 2 only  | ☐ Contingent☐ Unliquidated  |   |  |                   |
|                                 | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |                   |
|                                 | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecur   | ed claim:   |  |                   |
|                                 | ☐ Check if this claim is for a community   | ☐ Student loans   |   |  |                   |
|                                 | debt Is the claim subject to offset?   | Obligations arising out of a sepreport as priority claims   | paration agreement or o   | divorce that you did not   |                   |
|                                 | ■ No   | Debts to pension or profit-shar   | ing plans, and other sir  | milar debts  |                   |
|                                 | Yes  | Other. Specify Medical S  | ervices   |  |                   |
| is try<br>have<br>notif<br>Name | List Others to Be Notified About a D<br>this page only if you have others to be notified<br>ying to collect from you for a debt you owe to<br>e more than one creditor for any of the debts ti<br>ied for any debts in Parts 1 or 2, do not fill our<br>and Address<br>x/Bankruptcy<br>ox 8218 | d about your bankruptcy, for a debt that someone else, list the original creditor hat you listed in Parts 1 or 2, list the add tor submit this page.  On which entry in Part 1 or Part 2 did you line 4.1 or (Check one): | in Parts 1 or 2, then li<br>ditional creditors here<br>ou list the original credit<br>□ Part 1: Creditors wit | st the collection agency here.<br>e. If you do not have additional | Similarly, if you |
| Masc                            | on, OH 45040   |   | Part 2: Creditors wit   | n Nonpriority Unsecured Claims                                     |                   |
|                                 |  | Last 4 digits of account number   |   |  |                   |
|                                 | and Address<br>C <b>Of America</b>   | On which entry in Part 1 or Part 2 did yo   |   |  |                   |
|                                 | ox 982238  |   |   | h Priority Unsecured Claims h Nonpriority Unsecured Claims         |                   |
| El Pa                           | so, TX 79998   |   | Part 2: Creditors wit   | n Nonpriority Unsecured Claims                                     |                   |
|                                 |  | Last 4 digits of account number   |   |  |                   |
| Bank                            | and Address<br>: <b>Of America</b><br>ox 982238  |   | Part 1: Creditors wit   | h Priority Unsecured Claims  |                   |
|                                 | iso, TX 79998  |   | Part 2: Creditors wit   | h Nonpriority Unsecured Claims                                     |                   |
|                                 |  | Last 4 digits of account number   |   |  |                   |
|                                 | and Address<br>ade Credit Counseling, Inc.   | On which entry in Part 1 or Part 2 did yo Line 4.5 of ( <i>Check one</i> ):   | _   | or?<br>h Priority Unsecured Claims                                 |                   |
| Official                        | Form 106 E/F Sch   | edule E/F: Creditors Who Have Unsecu  | red Claims  |  | Page 7 of 9       |

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Best Case Bankruptcy

| Debtor 1 Patrick Alan Tinnell  |  | Case number (if known)   |
|--|--|--|
| Bankruptcy Notices<br>63830 Clausen Road, #200<br>Bend, OR 97701   |  | Part 2: Creditors with Nonpriority Unsecured Claims  |
|  | Last 4 digits of account number            |  |
| Name and Address Chase Card Services Po Box 15369 Wilmington, DE 19850                                       |  | I list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims     |
| Name and Address  Deschutes County Circuit Court 1100 NW Bond Street Bend, OR 97703                          |  | Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 3054 |
|  | Last 4 digits of account number            | 3034   |
| Name and Address Discover Bank Card Bankruptcy Dept. PO Box 3025 New Albany, OH 43054                        |  | I list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Name and Address Discover Financial Pob 15316 Wilmington, DE 19850   |  | list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims       |
| Name and Address Ellen F. Rosenblum, Attorney General 100 Justice Building 1162 Court St. NE Salem, OR 97310 |  | list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims       |
|  | Last 4 digits of account number            |  |
| Name and Address Hutchinson Cox c/o Atty Patrick Stevens PO Box 10886 Eugene, OR 97440                       |  | I list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |
| Name and Address Navient Po Box 3229 Wilmington, DE 19804  | <u> </u>                                   | list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims       |
| Name and Address Navient Po Box 3229 Wilmington, DE 19804  |  | Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims      |
| Name and Address Navient Po Box 3229 Wilmington, DE 19804  | <u> </u>                                   | Ilist the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims      |
| Name and Address Navient Po Box 3229 Wilmington, DE 19804  |  | list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims       |
| Name and Address   | On which entry in Part 1 or Part 2 did you | list the original creditor?  |
|  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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Official Form 106 E/F

| Debtor 1 Patrick Alan Tinnell                  |                           | Case number (if known)   |
|--|---------------------------|--|
| Navient<br>Po Box 3229<br>Wilmington, DE 19804 | Line 4.13 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |

Last 4 digits of account number

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
| Total        | 6f. | Student loans   | 6f. | \$<br>83,552.00  |
| claims       |     |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>87,461.71  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>171,013.71 |

| Fill in this infor  | mation to identify your  | case:              |           |                                      |
|---------------------|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1            | Patrick Alan Tinn        | ell                |           |                                      |
|                     | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2            |                          |                    |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF OREGON | I         |                                      |
| Case number         |                          |                    |           |                                      |
| (if known)          |                          |                    |           | ☐ Check if this is an amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | <del>-</del>                            |
|     |           |              |   |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Debtor                        | 1 Patrick Alan Tinn  | ell   |  |  |
|-------------------------------|--|---|--|--|
|                               | First Name   | Middle Name   | Last Name  |  |
| Debtor 2<br>Spouse if         |  | Middle Name   | Last Name  |  |
|                               |  |   |  |  |
| Jnited S                      | States Bankruptcy Court for the:   | DISTRICT OF OREGO   | V  |  |
| Case nu                       | umber  |   |  |  |
| if known)                     |  |   |  | ☐ Check if this is an amended filing   |
| Offici                        | ial Form 106H  |   |  |  |
|                               |  | obtoro  |  |  |
| scne                          | edule H: Your Cod  | eptors  |  | 12/15  |
| eople a                       | are filing together, both are equ  | ally responsible for sup<br>boxes on the left. Attacl                               | olying correct information. If months the Additional Page to this page   | te and accurate as possible. If two married re space is needed, copy the Additional Page, je. On the top of any Additional Pages, write  |
| 1. 0                          | Oo you have any codebtors? (If   | you are filing a joint case,  | do not list either spouse as a code  | btor.  |
|                               | No   |   |  |  |
|                               | Yes  |   |  |  |
|                               |  |   | roperty state or territory? (Comn<br>erto Rico, Texas, Washington, and   | nunity property states and territories included Wisconsin.)  |
|                               |  |   |  |  |
| _                             |  |   |  |  |
|                               | No. Go to line 3.  |   |  |  |
|                               | No. Go to line 3.<br>Yes. Did your spouse, former spo  | use, or legal equivalent liv  | e with you at the time?  |  |
| 3. In () in I                 | Yes. Did your spouse, former spou<br>Column 1, list all of your codebt<br>ine 2 again as a codebtor only i   | tors. Do not include your<br>if that person is a guarar                             | spouse as a codebtor if your sp<br>tor or cosigner. Make sure you  | have listed the creditor on Schedule D (Officia  |
| 3. In ( in I For              | Yes. Did your spouse, former spou<br>Column 1, list all of your codebt<br>ine 2 again as a codebtor only i<br>rm 106D), Schedule E/F (Official   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse as a codebtor if your spot or cosigner. Make sure you ule G (Official Form 106G). Use  | pouse is filing with you. List the person shown have listed the creditor on Schedule D (Officia Schedule D, Schedule E/F, or Schedule G to firm 2: The creditor to whom you owe the debtek all schedules that apply:   |
| 3. In ( in I For              | Yes. Did your spouse, former spouse.  Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor  | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse as a codebtor if your spot or cosigner. Make sure you ule G (Official Form 106G). Use  | have listed the creditor on Schedule D (Officia<br>Schedule D, Schedule E/F, or Schedule G to fi   |
| 3. In C<br>in I<br>For<br>out | Yes. Did your spouse, former spouse.  Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor  Name, Number, Street, City, State and Zi  | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse as a codebtor if your spot or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check  | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to fix mn 2: The creditor to whom you owe the debtic k all schedules that apply:  |
| 3. In ( in I For              | Yes. Did your spouse, former spouse.  Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zingle Brennon Tinnell 5264 Orpine Ct.   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spot tor or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check   | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to find the creditor to whom you owe the debter of the creditor to whom you owe the credi |
| 3. In C<br>in I<br>For<br>out | Yes. Did your spouse, former spouse.  Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zi   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse of cosigner. Make sure you ule G (Official Form 106G). Use  Column Check Science S | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to find 2: The creditor to whom you owe the debter of the company o |
| 3. In C<br>in I<br>For<br>out | Yes. Did your spouse, former spouse.  Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zingle Brennon Tinnell 5264 Orpine Ct.   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse of cosigner. Make sure you ule G (Official Form 106G). Use  Column Check Science S | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter and 2: The creditor to whom you owe the debter all schedules that apply:  Chedule D, line Chedule E/F, line   |
| 3. In C in II For out         | Yes. Did your spouse, former spouse. Column 1, list all of your codebtine 2 again as a codebtor only is m 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Zity Kyle Brennon Tinnell 5264 Orpine Ct.  Klamath Falls, OR 97603  | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spouse of cosigner. Make sure you ule G (Official Form 106G). Use  Column Check Solution Sol   | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter 2: The creditor to whom you owe the debter all schedules that apply:    Chedule D, line   Chedule E/F, line   4.9   Chedule G   |
| 3. In C<br>in I<br>For<br>out | Column 1, list all of your codebtine 2 again as a codebtor only is m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zingle Brennon Tinnell 5264 Orpine Ct. Klamath Falls, OR 97603   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spot tor or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check Some Some Some Navi   | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter 2: The creditor to whom you owe the debter of the list all schedules that apply:  Chedule D, line Chedule E/F, line Chedule G Chedule D, line   |
| 3. In C in II For out         | Column 1, list all of your codebtine 2 again as a codebtor only is m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zingle Brennon Tinnell 5264 Orpine Ct.  Kyle Brennon Tinnell 5264 Orpine Ct.   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spous or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check So Navi  | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter to whom you owe the debt sk all schedules that apply:  Chedule D, line Chedule G Chedule D, line  |
| 3. In C in II For out         | Column 1, list all of your codebtine 2 again as a codebtor only is m 106D), Schedule E/F (Official Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and Zingle Brennon Tinnell 5264 Orpine Ct. Klamath Falls, OR 97603   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spous or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check So Navi  | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter 2: The creditor to whom you owe the debt is all schedules that apply:  Chedule D, line Chedule E/F, line Chedule G Chedule D, line Chedule E/F, line Chedule G  |
| 3. In C in II For out         | Yes. Did your spouse, former spouse. Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Zity Eyen Ct.  **Kyle Brennon Tinnell 5264 Orpine Ct.  **Klamath Falls, OR 97603**  Kyle Brennon Tinnell 5264 Orpine Ct.  Klamath Falls, OR 97603   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spous or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check So Navi  | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter to the schedule D, line chedule E/F, line chedule G chedule D, line chedule D, line chedule E/F, line chedule G chedule   |
| 3. In C in II For out         | Yes. Did your spouse, former spouse. Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Zity State and Zit | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spous or cosigner. Make sure you ule G (Official Form 106G). Use  Column Check Solution Sol | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to filter 2: The creditor to whom you owe the debt is all schedules that apply:  Chedule D, line  Chedule E/F, line  Chedule D, line  Chedule D, line  Chedule D, line  Chedule E/F, line  Chedule E/F, line  Chedule G  Chedule G  Chedule G  Chedule D, line  Chedule D, line   |
| 3. In C in II For out         | Yes. Did your spouse, former spouse. Column 1, list all of your codebtine 2 again as a codebtor only it m 106D), Schedule E/F (Official Column 2.  **Column 1: Your codebtor** Name, Number, Street, City, State and Zity Eyen Ct.  **Kyle Brennon Tinnell 5264 Orpine Ct.  **Klamath Falls, OR 97603**  Kyle Brennon Tinnell 5264 Orpine Ct.  Klamath Falls, OR 97603   | tors. Do not include your<br>if that person is a guarar<br>I Form 106E/F), or Sched | spouse as a codebtor if your spous as a codebtor if your s | have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to file and 2: The creditor to whom you owe the debter of the all schedules that apply:  Chedule D, line Chedule E/F, line Chedule G Chedule D, line Chedule G Chedule G Chedule G Chedule G  |

Schedule H: Your Codebtors

|     | Additional Page to List More Codebtors                             |   |
|-----|--|---|
|     | Column 1: Your codebtor  | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.4 | Kyle Brennon Tinnell<br>5264 Orpine Ct.<br>Klamath Falls, OR 97603 | ☐ Schedule D, line<br>■ Schedule E/F, line4.12<br>☐ Schedule G<br>Navient       |

Case number (if known)

3.5 Kyle Brennon Tinnell
5264 Orpine Ct.
Klamath Falls, OR 97603

Schedule D, line \_\_\_\_
Schedule E/F, line \_\_\_\_4.13
Schedule G \_\_\_\_
Navient

Debtor 1 Patrick Alan Tinnell

Schedule H: Your Codebtors

| Fill               | in this information to i  | identify your ca   | ase:  |  |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|--------------------|---|--|---|--|-----------------------|---------------|----------------------|------------|-----------------|-------------------------------|-----------------------------|----------------------|--|--|--|
| Del                | btor 1 _I   | Patrick Alan Tinnell   |   |  |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
| 1 -                | btor 2  |  |   |  |                       | _             |                      |            |                 |                               |                             |                      |  |  |  |
| Uni                | ited States Bankruptc   | y Court for the  | DISTRICT OF OREGO   | NC   |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|                    | se number   |  |   |  |                       |               | □ A                  |            | ed fil<br>ent s | showir                        | ng postpetitio              |                      |  |  |  |
| $\bigcirc$         | fficial Form 1  | 1061   |   |  |                       |               | 1:                   | 3 income   | as c            | of the f                      | following date              | e:                   |  |  |  |
| -                  | fficial Form 1<br>chedule I: Y  |  |   |  |                       |               | N                    | IM / DD/ \ | YYY             | Y                             |                             | 12/1                 |  |  |  |
| sup<br>spo<br>atta | plying correct inforn<br>use. If you are separ<br>ch a separate sheet   | nation. If you<br>rated and you  | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and your<br>th you, do not inclu | spouse i<br>de infori | s liv<br>nati | ing with<br>on about | you, incl  | lude<br>ouse    | infor                         | mation abou<br>ore space is | ut your<br>s needed, |  |  |  |
| 1.                 | Fill in your employ information.  | Fill in your employment  |   |  | Debtor 1              |               |                      |            |                 | Debtor 2 or non-filing spouse |                             |                      |  |  |  |
|                    | If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work. |  | Employment status   | ☐ Employed  ■ Not employed                   |                       |               |                      | ☐ Empl     | ,               |                               |                             |                      |  |  |  |
|                    |   |  | Occupation  | Unemployed                                   |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|                    |   |  | Employer's name   |  |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|                    |   | ccupation may include student Employer's address homemaker, if it applies. |   |  |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|                    |   |  | How long employed th  | nere?  |                       |               |                      | _          |                 |                               |                             |                      |  |  |  |
| Par                | Give Deta   | ils About Mor  | thly Income   |  |                       |               |                      |            |                 |                               |                             |                      |  |  |  |
|                    | mate monthly incomuse unless you are se   |  | ate you file this form. If y  | you have nothing to r                        | eport for             | any           | line, write          | \$0 in the | spa             | ace. In                       | clude your n                | on-filing            |  |  |  |
|                    | ou or your non-filing spees space, attach a sep   |  | ore than one employer, co   | ombine the informatio                        | n for all e           | empl          | oyers for            | that perso | on o            | n the I                       | ines below. I               | f you need           |  |  |  |
|                    |   |  |   |  |                       |               | For Dek              | otor 1     |                 |                               | ebtor 2 or<br>ling spouse   |                      |  |  |  |
| 2.                 | , ,   | · ·  | ry, and commissions (becalculate what the monthly   |  | 2.                    | \$            |                      | 0.00       | \$              | S                             | N/A                         | <u>\</u>             |  |  |  |
| 3.                 | Estimate and list monthly overtime pay.   |  |   |  | 3.                    | +\$           |                      | 0.00       | +               | \$                            | N/A                         | <u>\</u>             |  |  |  |
| 4.                 | Calculate gross In  | come. Add lin  | e 2 + line 3.   |  | 4.                    | \$            |                      | 0.00       |                 | \$                            | N/A                         |                      |  |  |  |

Official Form 106I Schedule I: Your Income page 1

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and

| 12. | \$_ | 2,496.00             |
|-----|-----|----------------------|
|     |     | bined<br>thly income |

0.00

13. Do you expect an increase or decrease within the year after you file this form?

11. State all other regular contributions to the expenses that you list in Schedule J.

|  | Ν | lo |  |
|--|---|----|--|
|--|---|----|--|

Yes. Explain: Debtor seeking employment and monthly income will increase.

Official Form 106l Schedule I: Your Income page 2

| Fill   | in this informat            | tion to identify y                                  | our case:  |   |  |                      |   |   |
|--------|-----------------------------|---|------------|---|--|----------------------|---|---|
| Deb    | tor 1                       | Patrick Alan  | Tinnell    |   |  | Che                  | ck if this is:  |   |
|        | otor 2<br>ouse, if filing)  |   |            |   |  |                      | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date: |
| Unit   | ed States Bankr             | uptcy Court for the                                 | : DISTRI   | CT OF OREGON  |  |                      | MM / DD / YYYY  |   |
|        | e numbe <b>r</b>            |   |            |   |  |                      |   |   |
| (If kı | nown)                       |   |            |   |  |                      |   |   |
|        | fficial Fo                  |   |            |   |  |                      |   |   |
|        |                             | J: Your   |            |   |  |                      |   | 12/15   |
| info   | ormation. If m              |   | eded, atta | . If two married people a<br>ch another sheet to this<br>n. |  |                      |   |   |
| Par    | t 1: Descri                 | ibe Your House                                      | ehold      |   |  |                      |   |   |
|        | ■ No. Go to                 | line 2.   | in a separ | ate household?  |  |                      |   |   |
|        | □No                         | 0   | -          | al Form 106J-2, <i>Expense</i>                              | s for Separate House                   | e <i>hold</i> of Deb | tor 2.  |   |
| 2.     | Do you have                 | e dependents?                                       | ■ No       |   |  |                      |   |   |
|        | Do not list De<br>Debtor 2. | ebtor 1 and   | ☐ Yes.     | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |                      | Dependent's age   | Does dependent live with you?                 |
|        | Do not state dependents i   |   |            |   |  |                      |   | □ No □ Yes                                    |
|        | ·                           |   |            |   |  |                      |   | □ No  |
|        |                             |   |            |   |  |                      |   | ☐ Yes<br>☐ No                                 |
|        |                             |   |            |   |  |                      |   | ☐ Yes   |
|        |                             |   |            |   |  |                      |   | □ No  |
| _      | _                           |   |            |   |  |                      |   | ☐ Yes   |
| 3.     | expenses of                 | enses include<br>f people other t<br>d your depende | han 🗖      | No<br>Yes   |  |                      |   |   |
|        |                             | ate Your Ongoi                                      |            | <del>, ,</del>  |  |                      |   |   |
| exp    |                             |   |            | uptcy filing date unless<br>y is filed. If this is a sup    |  |                      |   |   |
|        |                             |   |            | government assistance                                       |  |                      |   |   |
|        | ficial Form 10              |   |            |   |  |                      | Your expe   | enses   |
| 4.     |                             | r home owners<br>d any rent for th                  |            | ses for your residence.<br>or lot.                          | Include first mortgag                  | e<br>4. \$           | <b>.</b>  | 2,004.00                                      |
|        | If not includ               | ed in line 4:                                       |            |   |  |                      |   |   |
|        | 4a. Real e                  | state taxes   |            |   |  | 4a. \$               | ·   | 0.00  |
|        | •                           | rty, homeowner'                                     | •          |   |  | 4b. \$               |   | 0.00  |
|        |                             | maintenance, re<br>owner's associa                  | •          | upkeep expenses<br>dominium dues                            |  | 4c. \$<br>4d. \$     |   | 250.00<br>80.00                               |
| 5.     |                             |   |            | our residence, such as he                                   | ome equity loans                       | 5. 9                 | ·   | 0.00  |

| ebtor 1             | Patric            | k Alan Tinnell   | Case num | nber (if known) |                          |
|---------------------|-------------------|--|----------|-----------------|--------------------------|
| l lti               | lities:           |  |          |                 |                          |
| . <b>Uti</b><br>6a. |                   | ity, heat, natural gas   | 6a.      | \$              | 170.00                   |
| 6b.                 |                   | sewer, garbage collection  | 6b.      | · : ————        | 40.00                    |
| 6c.                 |                   | one, cell phone, Internet, satellite, and cable services   | 6c.      |                 |                          |
|                     | •                 |  |          |                 | 220.00                   |
| 6d.                 |                   |  | 6d.      | ·               | 0.00                     |
|                     |                   | usekeeping supplies  | 7.       | ·               | 600.00                   |
|                     |                   | d children's education costs   | 8.       |                 | 0.00                     |
| Clo                 | othing, lau       | ndry, and dry cleaning   | 9.       | \$              | 20.00                    |
| . Pe                | rsonal car        | e products and services  | 10.      | \$              | 50.00                    |
| . Ме                | dical and         | dental expenses  | 11.      | \$              | 0.00                     |
|                     | -                 | on. Include gas, maintenance, bus or train fare. e car payments.   | 12.      | \$              | 200.00                   |
|                     |                   | nt, clubs, recreation, newspapers, magazines, and books  | 13.      | ·               | 0.00                     |
|                     |                   |  |          | ·               |                          |
|                     |                   | ontributions and religious donations   | 14.      | \$              | 0.00                     |
|                     | surance.          | - income and district from the second |          |                 |                          |
|                     |                   | e insurance deducted from your pay or included in lines 4 or 20.   | 150      | ¢               | 0.00                     |
|                     | a. Life ins       |  | 15a.     | · ·             | 0.00                     |
|                     | b. Health i       |  | 15b.     | ·               | 0.00                     |
|                     | c. Vehicle        |  | 15c.     | · ·             | 160.00                   |
|                     |                   | nsurance. Specify:   | 15d.     | \$              | 0.00                     |
| . Tax               | <b>xes.</b> Do no | t include taxes deducted from your pay or included in lines 4 or 20.   |          |                 |                          |
|                     | ecify:            |  | 16.      | \$              | 0.00                     |
| . Ins               | tallment o        | r lease payments:  |          |                 |                          |
| 17a                 | a. Car pay        | ments for Vehicle 1  | 17a.     | \$              | 460.00                   |
| 17b                 | o. Car pay        | ments for Vehicle 2  | 17b.     | \$              | 0.00                     |
| 170                 | c. Other. S       | Specify:   | 17c.     | \$              | 0.00                     |
|                     | d. Other. S       | • •  | 17d.     | \$              | 0.00                     |
|                     |                   | nts of alimony, maintenance, and support that you did not report as  |          | *               | <del></del>              |
|                     |                   | m your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.      | \$              | 0.00                     |
|                     |                   | nts you make to support others who do not live with you.   |          | \$              | 0.00                     |
|                     | ecify:            | ,,,,,,,,,,,,,,,,,,,,,,,,,  | 19.      | ·               | 0.00                     |
|                     | ,                 | operty expenses not included in lines 4 or 5 of this form or on Sche   |          | our Income.     |                          |
|                     |                   | ges on other property  | 20a.     |                 | 0.00                     |
|                     | o. Real es        | • • •  | 20b.     |                 | 0.00                     |
|                     |                   | y, homeowner's, or renter's insurance  | 20c.     | ·               | 0.00                     |
|                     |                   | nance, repair, and upkeep expenses   | 20d.     | · · -           | 0.00                     |
|                     |                   |  |          |                 |                          |
|                     |                   | wner's association or condominium dues   | 20e.     | · <u> </u>      | 0.00                     |
| . Oth               | her: Specif       | y: Pet Expenses  | 21.      | +\$             | 100.00                   |
| Cal                 | lculate voi       | ur monthly expenses  |          |                 |                          |
|                     | -                 | s 4 through 21.  |          | \$              | 4,354.00                 |
|                     |                   | •  |          |                 | 4,334.00                 |
|                     |                   | e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |          | \$              |                          |
| 220                 | c. Add line       | 22a and 22b. The result is your monthly expenses.  |          | \$              | 4,354.00                 |
| 3. Ca               | Iculate you       | ur monthly net income.   |          |                 |                          |
|                     | -                 | ne 12 (your combined monthly income) from Schedule I.  | 23a.     | \$              | 2,496.00                 |
|                     |                   | our monthly expenses from line 22c above.  | 23b.     |                 | 4,354.00                 |
|                     |                   |  | _00.     |                 |                          |
| 230                 | c. Subtrac        | ct your monthly expenses from your monthly income.   |          |                 |                          |
| _50                 |                   | sult is your monthly net income.   | 23c.     | \$              | -1,858.00                |
| For                 | you exper         | ct an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage?   |          |                 | or decrease because of a |
|                     | No.               |  |          |                 |                          |
|                     | Yes.              | Explain here:  |          |                 |                          |
| _                   | . 00.             |  |          |                 |                          |

| Fill in this infor                  | mation to identify your                            | case:  |                                |                   |  |
|-------------------------------------|--|--|--------------------------------|-------------------|--|
| Debtor 1                            | Patrick Alan Tinn                                  | ~  |                                |                   |  |
| Dahtan 0                            | First Name   | Middle Name  | Last Name                      |                   |  |
| Debtor 2<br>(Spouse if, filing)     | First Name   | Middle Name  | Last Name                      |                   |  |
| United States Ba                    | ankruptcy Court for the:                           | DISTRICT OF OREGON   |                                |                   |  |
| Case number                         |  |  |                                |                   |  |
| (if known)                          |  |  |                                |                   | ☐ Check if this is an amended filing                           |
| O#:-:-!                             | 400D   |  |                                |                   |  |
| Official Fori<br><b>Declara</b> t   |  | n Individual D   | ebtor's Sched                  | ules              | 12/15  |
| If two married p                    | eople are filing togethe                           | , both are equally responsib   | le for supplying correct info  | rmation.          |  |
| obtaining mone<br>years, or both. 1 |  | le bankruptcy schedules or a<br>n connection with a bankrupt<br>519, and 3571. |                                |                   |  |
| Did you pa                          | ay or agree to pay some                            | one who is NOT an attorney   | to help you fill out bankrupto | cy forms?         |  |
| ■ No                                |  |  |                                |                   |  |
| ☐ Yes.                              | Name of person                                     |  |                                |                   | y Petition Preparer's Notice,<br>Signature (Official Form 119) |
|                                     | alty of perjury, I declare<br>re true and correct. | that I have read the summary   | y and schedules filed with th  | is declaration an | d  |
| X /s/ Pat                           | trick Alan Tinnell                                 |  | X                              |                   |  |
| Patric                              | k Alan Tinnell<br>ure of Debtor 1                  |  | Signature of Debtor 2          |                   |  |
| Date                                | July 18, 2019                                      |  | Date                           |                   |  |
|                                     |  |  |                                |                   |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

|                   | in this inform                             | nation to identify you                         | r case:                             |   |                                     |                                      |
|-------------------|--|--|-------------------------------------|---|-------------------------------------|--------------------------------------|
| De                | btor 1                                     | Patrick Alan Tin                               |                                     | Loot Name   |                                     |                                      |
| De                | btor 2                                     | riist ivaille                                  | Middle Name                         | Last Name   |                                     |                                      |
| (Spo              | ouse if, filing)                           | First Name                                     | Middle Name                         | Last Name   |                                     |                                      |
| Un                | ited States Ba                             | nkruptcy Court for the:                        | DISTRICT OF OREGON                  |   |                                     |                                      |
| Ca                | se number                                  |  |                                     |   |                                     |                                      |
| (if kı            | nown)                                      |  |                                     |   | _                                   | Check if this is an<br>mended filing |
| ~                 | ··· · · -                                  | 407  |                                     |   |                                     |                                      |
|                   | ficial Fo                                  |  | A ( ( ) ( ) ( ) ( ) ( ) ( ) ( )     |   |                                     |                                      |
| St                | atement                                    | of Financial                                   | Affairs for Individ                 | duals Filing for B  | ankruptcy                           | 4/19                                 |
| info<br>nun       | ormation. If manual in the matter (if know | nore space is needed,<br>n). Answer every ques | attach a separate sheet to          | this form. On the top of any  | equally responsible for sup         |                                      |
| 1.                | What is you                                | r current marital statu                        | ıs?                                 |   |                                     |                                      |
|                   | ■ Married □ Not ma                         |  |                                     |   |                                     |                                      |
| 2.                | During the I                               | ast 3 vears. have vou                          | lived anywhere other than           | where vou live now?   |                                     |                                      |
|                   | _  | , , , , , , , ,                                | ,                                   | ,   |                                     |                                      |
|                   | ■ No □ Yes. Lis                            | st all of the places you li                    | ived in the last 3 years. Do n      | ot include where you live now   | <i>'</i> .                          |                                      |
|                   | Debtor 1 Pr                                | rior Address:                                  | Dates Debtor 1 lived there          | Debtor 2 Prior Ad   | dress:                              | Dates Debtor 2<br>lived there        |
| <b>3.</b><br>stat |  |  |                                     |   | ity property state or territory     |                                      |
|                   | ■ No                                       |  |                                     |   |                                     |                                      |
|                   | _  | ake sure vou fill out <i>Sch</i>               | nedule H: Your Codebtors (O         | fficial Form 106H).   |                                     |                                      |
|                   |  | ,  | (1                                  | ,   |                                     |                                      |
| Pa                | rt 2 Expla                                 | in the Sources of You                          | r Income                            |   |                                     |                                      |
| 4.                | Fill in the tota                           | al amount of income yo                         | u received from all jobs and        | ng a business during this yeall businesses, including parter together, list it only once ur |                                     | ndar years?                          |
|                   | □ No                                       |  |                                     |   |                                     |                                      |
|                   | _  | I in the details.                              |                                     |   |                                     |                                      |
|                   |  |  | D. ( )                              |   | D.14. 0                             |                                      |
|                   |  |  | Debtor 1 Sources of income          | Gross income  | Debtor 2 Sources of income          | Gross income                         |
|                   |  |  | Check all that apply.               | (before deductions and exclusions)  | Check all that apply.               | (before deductions and exclusions)   |
|                   |  | of current year untiled for bankruptcy:        | ☐ Wages, commissions, bonuses, tips | \$0.00  | ☐ Wages, commissions, bonuses, tips |                                      |
|                   |  |  | ☐ Operating a business              |   | ☐ Operating a business              |                                      |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De | btor 1 | Pa                    | trick Alan                  | Tinnell                   |   | Case  | e number (if known)                        |   |
|----|--------|-----------------------|-----------------------------|---------------------------|---|---|--|---|
|    |        |                       |                             |                           |   |   |  |   |
|    |        |                       |                             |                           | Debtor 1  |   | Debtor 2                                   |   |
|    |        |                       |                             |                           | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|    |        |                       | dar year:<br>December :     | 31, 2018 )                | ■ Wages, commissions, bonuses, tips   | \$153,230.00  | ☐ Wages, commissions, bonuses, tips        |   |
|    |        |                       |                             |                           | ☐ Operating a business  |   | ☐ Operating a business                     |   |
|    |        |                       | dar year bef<br>December 3  |                           | ■ Wages, commissions, bonuses, tips   | \$158,976.00  | ☐ Wages, commissions, bonuses, tips        |   |
|    |        |                       |                             |                           | ☐ Operating a business  |   | ☐ Operating a business                     |   |
|    | ■      | No<br>Yes.            | Fill in the de              | tails.                    |   |   |  |   |
|    |        |                       |                             |                           | Debtor 1  |   | Debtor 2                                   |   |
|    |        |                       |                             |                           | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.       | Gross income<br>(before deductions<br>and exclusions) |
|    |        |                       | 1 of currer<br>iled for ban | nt year until<br>kruptcy: | Unemployment<br>Benefits  | \$14,352.00   |  |   |
| Pa | rt 3:  | List                  | : Certain Pa                | yments You                | Made Before You Filed for   | Bankruptcy  |  |   |
| 6. | Are    | <b>eithe</b> i<br>No. | Neither De                  | btor 1 nor D              | 's debts primarily consumer<br>Debtor 2 has primarily consu<br>personal, family, or househol      | imer debts. Consumer debts  | are defined in 11 U.S.C. § 10              | 11(8) as "incurred by an                              |
|    |        |                       | During the No.              | 90 days befo              | ore you filed for bankruptcy, di  | d you pay any creditor a total  | of \$6,825* or more?                       |   |
|    |        |                       | □ Yes                       | paid that cr              | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the | its for domestic support oblig  |  |   |
|    |        |                       | * Subject t                 | o adjustmen               | t on 4/01/22 and every 3 years  | s after that for cases filed on   | or after the date of adjustmen             | t.  |
|    |        | Yes.                  |                             |                           | r both have primarily consure you filed for bankruptcy, di  |   | of \$600 or more?                          |   |
|    |        |                       | □ No.                       | Go to line 7              |   |   |  |   |
|    |        |                       | ■ Yes                       | List below 6              | each creditor to whom you pai   |   |  |   |

**Creditor's Name and Address** 

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case title
Case number

Oregon State Credit Union vs
Patrick A. Tinnell
19CV23054

Nature of the case

Court or agency

Deschutes County Circuit
Court
1100 NW Bond Street
Bend, OR 97703

Status of the case

On appeal
Concluded

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb    | tor 1         | Patrick Alan Tinnell   | Case nur   | nber (if known)               |                         |
|--------|---------------|--|--|-------------------------------|-------------------------|
|        |               |  |  |                               |                         |
|        |               | in 1 year before you filed for bankrupt<br>k all that apply and fill in the details belo       | cy, was any of your property repossessed, forecl $_{\it N}$ .  | osed, garnished, attached     | I, seized, or levied?   |
|        |               | No. Go to line 11.   |  |                               |                         |
|        | _             | Yes. Fill in the information below.  |  |                               |                         |
|        | Cred          | ditor Name and Address   | Describe the Property  | Date                          | Value of the property   |
|        |               |  | Explain what happened  |                               |                         |
|        | acco<br>■     | <b>unts or refuse to make a payment bed</b><br>No  | otcy, did any creditor, including a bank or financia<br>ause you owed a debt?  | al institution, set off any a | mounts from your        |
|        |               | Yes. Fill in the details.  |  |                               |                         |
|        | Cred          | ditor Name and Address   | Describe the action the creditor took  | Date action was taken         | Amount                  |
|        | court         | in 1 year before you filed for bankrup<br>t-appointed receiver, a custodian, or a<br>No<br>Yes | cy, was any of your property in the possession of nother official?   | f an assignee for the bene    | fit of creditors, a     |
| Part   | 5:            | List Certain Gifts and Contributions   |  |                               |                         |
| 13.    |               | No   | otcy, did you give any gifts with a total value of me  | ore than \$600 per person?    | ?                       |
|        |               | Yes. Fill in the details for each gift.  |  |                               |                         |
|        |               | s with a total value of more than \$600 person   | Describe the gifts   | Dates you gave the gifts      | Value                   |
|        |               | son to Whom You Gave the Gift and ress:  |  |                               |                         |
| 14.    | Withi         | in 2 years before you filed for bankru   | otcy, did you give any gifts or contributions with a   | total value of more than      | \$600 to any charity?   |
|        |               | No   |  |                               |                         |
|        |               | Yes. Fill in the details for each gift or cor  | tribution.   |                               |                         |
|        | mor           | s or contributions to charities that to<br>e than \$600  | al Describe what you contributed   | Dates you contributed         | Value                   |
|        |               | rity's Name<br>ress (Number, Street, City, State and ZIP Code)                                 |  |                               |                         |
| Part   | 6:            | List Certain Losses  |  |                               |                         |
|        |               |  | cy or since you filed for bankruptcy, did you lose   | anything because of thef      | t, fire, other disaster |
|        |               | No   |  |                               |                         |
|        | _             | Yes. Fill in the details.  |  |                               |                         |
|        | Des           | cribe the property you lost and  | escribe any insurance coverage for the loss  | Date of your                  | Value of property       |
|        | how           |  | nclude the amount that insurance has paid. List pend isurance claims on line 33 of Schedule A/B: Property                                      |                               | lost                    |
| Part   | 7:            | List Certain Payments or Transfers   |  |                               |                         |
| 16.    | Withi<br>cons | in 1 year before you filed for bankrupt<br>ulted about seeking bankruptcy or pr                | cy, did you or anyone else acting on your behalf  <br>eparing a bankruptcy petition?<br>parers, or credit counseling agencies for services rec |                               | rty to anyone you       |
|        | П             | No   |  |                               |                         |
|        | _             | Yes. Fill in the details.  |  |                               |                         |
|        |               | son Who Was Paid   | Description and value of any property  | Date payment                  | Amount of               |
|        | Add<br>Ema    | ress<br>iil or website address   | transferred  | or transfer was               | payment                 |
| Offici | Pers          | son Who Made the Payment, if Not Yo  | J<br>nent of Financial Affairs for Individuals Filing for Bankrı   | intev                         | nage 4                  |

Best Case Bankruptcy

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|   | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and transferred      | value of any prope         | erty                                     | Date payment<br>or transfer was<br>made             | Amount of payment                             |
|---|--|----------------------------------|----------------------------|--|---|---|
|   | Michael D. O'Brien, & Associates, P.C.<br>12909 SW 68th Parkway, Suite 160<br>Portland, OR 97223   | Money                            |                            |  | prior to filing                                     | \$1,600.00                                    |
|   | Cricket Debt Counseling<br>2019 SW Stark Street, Suite 200<br>Portland, OR 97204<br>Michael D. O'Brien & Associates P.C.   | Money                            |                            |  | prior to filing                                     | \$24.00                                       |
| 17.   | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list                          | or to make payment               |                            |  | r transfer any prope                                | rty to anyone who                             |
|   | ■ No □ Yes. Fill in the details.   |                                  |                            |  |   |   |
|   | Person Who Was Paid<br>Address   | Description and transferred      | value of any prope         | erty                                     | Date payment or transfer was made                   | Amount of payment                             |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement. No |  |                                  |                            |  |   |   |
|   | <ul> <li>Yes. Fill in the details.</li> <li>Person Who Received Transfer<br/>Address</li> </ul>  |                                  |                            | any property or received or debts change | Date transfer was made                              |   |
|   | Person's relationship to you Zijing Zhang  | 2013 Nissan 37<br>\$19,000.00    | '0z valued at              | Sold for                                 | \$15,000.00   | 5/2019  |
|   | Unrelated Third Party through<br>Craigslist  | <b>\$10,000.00</b>               |                            |  |   |   |
| 19.   | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No   |                                  | ny property to a se        | elf-settled tru                          | ist or similar device                               | of which you are a                            |
|   | Yes. Fill in the details.  Name of trust   | Description and                  | value of the prope         | rty transferr                            | ed  | Date Transfer was                             |
|   |  |                                  |                            |  |   | made  |
| Par   |  |                                  | ·                          |  | _   |   |
| 20.   | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No | ther financial accou             | ınts; certificates o       |  | •   |   |
|   | Yes. Fill in the details.  | act 4 digits of                  | Type of access             | tor Do                                   | to account was                                      | l act balance                                 |
|   |  | ast 4 digits of<br>ccount number | Type of account instrument | clo<br>mo                                | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
|   |  |                                  |                            |  |   |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

- - No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Describe the property

Value

## Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 24. | Has   | any governmental unit notified you that   | you may be liable or potentially liable                                   | under     | or in violation of an environme                      | ntal law?          |  |  |  |
|-----|-------|---|---|-----------|--|--------------------|--|--|--|
|     |       | No  |   |           |  |                    |  |  |  |
|     |       | Yes. Fill in the details. me of site dress (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State an ZIP Code)       |           | vironmental law, if you<br>ow it                     | Date of notice     |  |  |  |
| 25. | Hav   | e you notified any governmental unit of a   | ,   |           |  |                    |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |   |           |  |                    |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) |           | vironmental law, if you<br>ow it                     | Date of notice     |  |  |  |
| 26. | Hav   | e you been a party in any judicial or adm   | inistrative proceeding under any envi                                     | ronmer    | ntal law? Include settlements a                      | nd orders.         |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |   |           |  |                    |  |  |  |
|     |       | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature    | e of the case  | Status of the case |  |  |  |
| Par | t 11: | Give Details About Your Business or C   | Connections to Any Business   |           |  |                    |  |  |  |
| 27. | With  | nin 4 years before you filed for bankrupto  | cy, did you own a business or have ar                                     | y of the  | e following connections to any                       | business?          |  |  |  |
|     |       | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |           |  |                    |  |  |  |
|     |       | ☐ A member of a limited liability compa   | any (LLC) or limited liability partnersh                                  | ip (LLP   | )  |                    |  |  |  |
|     |       | ☐ A partner in a partnership  |   |           |  |                    |  |  |  |
|     |       | ☐ An officer, director, or managing exe   | cutive of a corporation   |           |  |                    |  |  |  |
|     |       | ☐ An owner of at least 5% of the voting   | or equity securities of a corporation                                     |           |  |                    |  |  |  |
|     |       | No. None of the above applies. Go to P  | art 12.   |           |  |                    |  |  |  |
|     |       | Yes. Check all that apply above and fill  | in the details below for each business                                    | <b>S.</b> |  |                    |  |  |  |
|     | Bus   | siness Name   | Describe the nature of the business                                       |           | mployer Identification number                        |                    |  |  |  |
|     |       | dress nber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  |           | o not include Social Security nates business existed | umber or ITIN.     |  |  |  |
| 28. |       | nin 2 years before you filed for bankrupto itutions, creditors, or other parties.                             | ey, did you give a financial statement                                    | to anyo   | ne about your business? Inclu                        | de all financial   |  |  |  |
|     |       | No<br>Yes. Fill in the details below.   |   |           |  |                    |  |  |  |
|     |       | me<br>dress<br>nber, Street, City, State and ZIP Code)  | Date Issued   |           |  |                    |  |  |  |
|     |       |   |   |           |  |                    |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Patrick Alan Tinnell                   |   | Case number (if known)   |
|---|---|--|
| Part 12: Sign Below                             |   |  |
| are true and correct. I understand th           | nat making a false statement, concealing proper<br>n fines up to \$250,000, or imprisonment for up to | s, and I declare under penalty of perjury that the answers<br>rty, or obtaining money or property by fraud in connection<br>o 20 years, or both. |
| /s/ Patrick Alan Tinnell                        |   |  |
| Patrick Alan Tinnell<br>Signature of Debtor 1   | Signature of Debtor 2   |  |
| Date _July 18, 2019                             | Date  |  |
| Did you attach additional pages to Y ■ No □ Yes | our Statement of Financial Affairs for Individua  | als Filing for Bankruptcy (Official Form 107)?   |
| Did you pay or agree to pay someon              | ne who is not an attorney to help you fill out ban  | nkruptcy forms?  |
| No  |   |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).